

CANADIAN

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# Welfare

*In This Issue:*

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*by Joseph Kage*

## ALBERTA'S CHILDREN

*by Kathleen Jackson*

## A REAL NATIONAL HEALTH PROGRAM

*by John Morgan*

## SOCIAL WORK LOOKS AT PARLIAMENT

*by Dorothy Hodgson*

## TO MAKE THE DISABLED ABLE

*by Edward Dunlop*

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## *Philosophy in Social Work*

**A** LETTER received the other day from one of our readers offered the suggestion that *WELFARE* might carry more "philosophical" articles than it does at present. "Tell us not merely what is happening in social work; but what ought to be happening and why?"

We were pleased to have this letter—partly because our readers write us so seldom, but mainly because we believe it indicates a growing maturity in the ranks of those who are concerned with the development of social welfare in Canada. Stimulated by our correspondent's interest the magazine's Editorial Board has decided to seek five or six such articles in the course of the next year. We refer to the matter here in order to invite further comment.

Clearly, there is the need today for us to rethink our philosophy of social work. Helping individuals and families in trouble will always be an important part of it; we shall not want to neglect this essential service nor cease to refine our skills. But we have also to bring into focus our wider social responsibilities. Social workers, because of their intimate knowledge of human need, their understanding of social relations and their experience as "enablers" in the field of community organization have much to offer society at a time when in Canada as in other free societies fresh efforts are being made to develop fully the social and economic implications of the democratic way of life.

There will probably be no argument about this general statement, but what does it mean in terms of social work practice? Take as a single example the question of the democratic control of present programs. Social work, covering as it does a wide area of human interest, should be everybody's business, and yet too often the ordinary citizen has little part in its management. Private agency boards are made up largely of benevolent people from a limited social group or segment of society. They include little or no representation, for example, from the ranks of labour or from people who use the agencies' services. Similarly, public welfare agencies tend to be run by administrators with only a limited use of advisory committees.

There are a number of reasons for this situation, among them the indifference and apathy of many citizens to their social responsibilities. It is difficult to avoid the conclusion, however, that part of the difficulty is in the limited attention which has been given to it by executive and public officials. Indeed, there is sometimes a tendency on the part of the professional worker to discount the contribution of the average layman and to feel that with his limited knowledge of technical welfare problems he will slow up the development of high-grade services.

This attitude, while seldom deliberate, has in it the seeds of bureaucracy. A democracy among other things implies the intelligent participation of citizens in the direction of the community's affairs, and, unless we take considered steps to prevent it, such participation might easily be reduced as organized social planning develops. Against this eventuality, one of the contributions of social work should be to demonstrate how lay citizens on boards and committees of welfare institutions and agencies can function constructively as part of the planning process. A living democracy will only be possible in the period ahead if we make it our aim to develop not so much a planned as a planning society.

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### *Bien Etre Social Canadien*

**T**HE first edition of the new French magazine, *Bien Etre Social Canadien*, has made its appearance and the Canadian Welfare Council is pleased to announce that it will be published five times each year, replacing *Missive* which has been the bulletin of the French-Speaking Services of the Council for the past eight years.

*Bien Etre Social Canadien* will publish articles and information about social work developments in French-speaking Canada; however, significant news of other provinces will also be included from time to time.

The publication of the new French magazine makes it unnecessary for *CANADIAN WELFARE* to continue its policy of printing a French article in each issue. Care, however, will be taken to bring to *WELFARE* readers in English the story of important happenings in French-Canadian communities.

*Bien Etre Social* will carry advertisements—rates on request—and those wishing to advertise for French-speaking staff are invited to do so through its columns.

It is available upon request to any member agency of the Canadian Welfare Council and to individuals holding Participating or Sustaining memberships. To others, the yearly subscription price is \$1.00.



## *Immigration and Social Service*

By JOSEPH KAGE

**D**URING the past two years Canada has been enriched with thousands of immigrants who were happy to reach our shores and whom we were fortunate to receive. However, only too often we tend to forget that in the initial stages of the reception of the new Canadians, we, the old Canadians, have a far greater responsibility to the newcomer than the newcomer could be expected to have towards his adopted country. The new Canadian is a stranger in the new homeland, and to its way of life. All immigrants are in need of some kind of help. The immigrant of today comes to Canada with a background of war, massacres,

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torture, death of loved ones and a complete loss of personal possessions. He may have come from the war-torn Poland, Austria, Germany, Italy, Hungary, or Czechoslovakia. He has wandered from one country to another, under hardships and very trying circumstances. For more than a decade the immigrant has led a very insecure and disorganized existence. The war-time hardships apply also to the thousands of British immigrants though not to the same extent as those coming from the European Continent.

The newcomer faces the usual difficulties. European methods in certain trades vary so markedly from those of Canada that an immediate problem is created. At the same time, an immigrant must look for a place to live, a place which he can call his home. In view of the housing shortage, the difficulties which ensue are obvious. Of even greater and deeper significance are the psychological obstacles due to his traumatic experiences overseas. The immigrant requires help, especially through the initial period of adjustment, with all the fears and worries embodied in it.

#### **Know the New Canadian**

We Canadians are interested in helping the immigrant to become a useful citizen. In attempting to be helpful, we should remember that a way must be found of interpreting Canada to the newcomer. Very often we are too sensitive when the newcomer breaks some unwritten laws, peculiar to our

Canadian tradition. Quickly and impatiently we withdraw our friendship. We may even come to the conclusion that the immigrant cannot be assimilated and will remain a stranger. This is not true. We must not expect people to accept instantaneously our standards, our customs and our ways. We cannot force the immigrant to become a Canadian. The only force which we can employ, is that of example and education. We older Canadians must be able to show a standard of Canadianism which is a worthy concept and example.

Our new Canadians were anxious to come to Canada and want to become part of it. This in itself, implies that they are prepared to accept us, and that they believe Canada and Canadians can offer something better than that which they left behind.

It would be a fallacy to think that the newcomer can be satisfied only with material betterment, for "man does not live by bread alone." Better food, in greater quantity, mechanized gadgets, lose their importance after a while, unless we show him ethical ideals, better habits and customs, better and saner ways of living, goodwill and willingness to share our country, in a word—democracy.

The immigrant comes here with an implicit faith in the word "Canada." As he reaches the shores of our country, "Canada", takes on an increasingly deeper meaning. In the ensuing process of

assimilation, however, misunderstandings are inevitable, because the fabric of our society, our political economic and social institutions are different from those to which the immigrant has been accustomed. We must remember that in offering to the immigrant a way of life, we ask him to surrender his own and that the process of transition and transformation is not an easy one.

There is no doubt that we must and we should ask the immigrant to give and make certain sacrifices to the new country. We must teach the immigrant to give. But in order to give, he must be given, he must receive. By inviting the newcomer to our country, we are duty bound to make his acquaintance, to make him feel welcome and at home.

During the initial period of adjustment, we must lend an attentive ear, learn to listen, and understand. It is only through understanding and knowledge that we can help ourselves and help the new Canadian to become a part of our society. Charles Lamb in a vigorous condemnation of a man said, "I hate that man". "Hate him?" asked a friend. "Why you don't even know him". "Of course, I don't," replied Lamb, "How could I hate him, if I knew him?"

#### **Immigrants Require Specialized Social Services**

The question whether a special social agency for immigrants is desirable has aroused considerable comment and discussion. We shall attempt here to clarify this pro-

blem on the basis of actual experience.

The social services needed by immigrants, are in their generic nature similar to those required by other Canadians for whom services have been established to meet the usual social breakdowns and hazards of our society. The problems are similar except that the immigrant client has been forcibly dislodged. Within the immigrant group are to be found the same gamut of human experience, the same range of ability and capacity to adjust, the same various needs for services as occur in other groups. The basic underlying philosophy of casework practice is no doubt applicable in all cases. However, experience in working with immigrants has shown that there are a number of practical and complicated problems calling for special consideration.

The immigrant is first of all overwhelmed by the impact with the frightening strangeness of the new country which he is utterly unable to analyze and clear for himself. He needs help in disentangling the maze of a new and strange environment. The immediate needs of the immigrant are to find a home and a job. These are indispensable prerequisites to successful integration and satisfactory adjustment. In addition to the administration of material assistance for food, shelter and clothing, all immigrants require counseling and therapy of an intensive nature. When the initial tangible



needs for housing, furnishings and food and clothing have been satisfied, the immigrant brings to the agency his very own specific problems.

There are difficulties in adjustment to employment because of lack of skill or difference in tempo in Canadian industry as compared with the immigrant's experience. There is often need to take employment below one's educational level due to language handicaps or because the degree or diploma which the immigrant may hold is not accepted in the particular profession in Canada.

In view of the marginal income of most of the immigrants, help is needed in budgeting and orientation to buying. Financial assistance and supplementation is usually required for a period of a few months. The attitude of the immigrant to relief, whether positive or negative, needs careful understanding and treatment.

In cases of hospitalization of the mother due to pregnancy or illness, there is need for temporary foster home care for the children. This problem is especially acute in the immigrant group since the majority have no relatives who would care for their children for a short period of time. There is the factor of extreme pain even in temporary family separation which in the immigrant's past experience became synonymous with permanent loss and violent death. There is the problem of illness of the breadwinner. There is even greater hardship in the illness of the single

person, alone without friends, relatives or family to visit him while in hospital or to offer the stimulating assurance of a warm welcome home.

There are problems of adjustment to schooling and its effect upon the immigrant child. The age of the immigrant child does not always make it possible for him to enter a class of his own age group and there is need to repeat grades because of language difficulties. Then there is the ensuing problem of school friendships.

Adolescent boys and girls need sympathetic assistance in questions of employment, schooling, integration into community life and existing community facilities. Child behaviour problems demand immediate attention. Unless checked in time they are bound to produce a community liability.

Even these brief outlines of the problems presented by immigrants, clearly indicate a different emphasis and tempo of work which means a different application of casework procedure and administration methods. As previously mentioned, the manifold problems presented by the immigrants are not peculiar to them only. However, because of the intensive nature of the task requiring immediate solution and because of the keener psychological implications involved, the question of specialization becomes a primary one. In addition there are technicalities connected with immigrants such as language difficulties, attitudes towards social agencies,



knowledge of technical aspects of migration, understanding of the cultural backgrounds and emotional experiences. The above knowledge usually takes considerable time to master and as a rule it does not come within the frame of reference of established family welfare agencies. Because this all important and very difficult function of resettlement and adjustment carries specific connotations and because of the nature of the clients, a different approach is indicated. The content and nature of the work require intensive treatment and a great deal of effort and time on the part of the workers. Errors would be costly not only in terms of money, but also in terms of the human element involved. Cases must be assigned to workers who would give their undivided attention to their task. Furthermore, the supervision of this work in all its aspects such as reception, casework and general direction, must be centralized. This procedure would co-ordinate the various efforts in a more cohesive manner. It would give the workers an opportunity to familiarize themselves with the problems more intimately and consequently the performance of their job would be more effective. What is most important it would limit the contact of the newcomers to these specific workers which would produce more coherence and better service. This would also prevent unnecessary strain on the existing agencies, save community funds and result in a more wholesome

and smoother adjustment of the immigrant, which are the ultimate factors under consideration.

There are also the purely professional aspects of casework relationships, methods and techniques which point to the need of specialization in the field of immigrant social service. It is essential to realize that the immigrant is not only a foreigner but that he actually feels foreign. To help the immigrant, intimate knowledge of him must be acquired and new procedural trails blazed.

Immigrants have little understanding of social casework as it is known on this continent. Abroad it was confined to public relief and institutional care. In order to integrate them in their new community, there is a definite need for a transitional period to breach their past and clear the way to future progress. This implies the need for the development and application of short term methods and techniques in casework, and emphasizes the need for greater flexibility on the part of the social workers. Only too frequently have workers in established social agencies attempted to deal with many deep-seated emotional problems, rather than work on the immediate simple needs which are uppermost in the immigrant's mind, such as, finding a home, securing a job, furnishings, clothing, etc.

Casework agencies offering service to immigrants have a real responsibility in reshaping their skills and sharpening their methods to carry out the service. As E. W.

Clark<sup>1</sup> has pointedly stated, agencies working with immigrants must develop a "plus" in their approach, skills and methods. Resourcefulness in practical matters is a must. Because of the intensity of the problems presented, the individual approach to the case occasionally should be submerged and must give way to the broader aspect of dealing with the problems of the group at large. It is necessary for an immigrant social agency to keep in close touch with voluntary organizations which can be called upon to aid the clients. Contact with voluntary agencies is desirable not only from the point of view of the tangible assistance that they can give to the newcomer, but also from the point of view of public relations, to keep the community interested in and aware of the new citizen. If this interest is to be positive and effective it must be guided by professional social workers.

An understanding of the European background is needed if the agency wishes to be really helpful to the newcomer with his emotional and personality problems. Too often the immigrant interprets his difficulties incorrectly as something outside of himself. He may blame these difficulties on the lack of fluent English or he may carry a grudge and feel that he is being exploited and abused. Effective casework and group work interpret the new way of life applying it to concrete reality situations.

There is also a difference in the

application of usual casework skills and methods of treatment in working with the immigrant group. Work with immigrants is of a short term nature, since it is safe to assume that the majority will adjust themselves within the period of one year. The short contact approach differentiates between the situation to be treated quickly and problems which do not bear on the relationship at hand. It may require, in a day, a week, or a month, as much use of procedure and skill and kinds of treatment and as many interviews as a case extending over a much longer period.

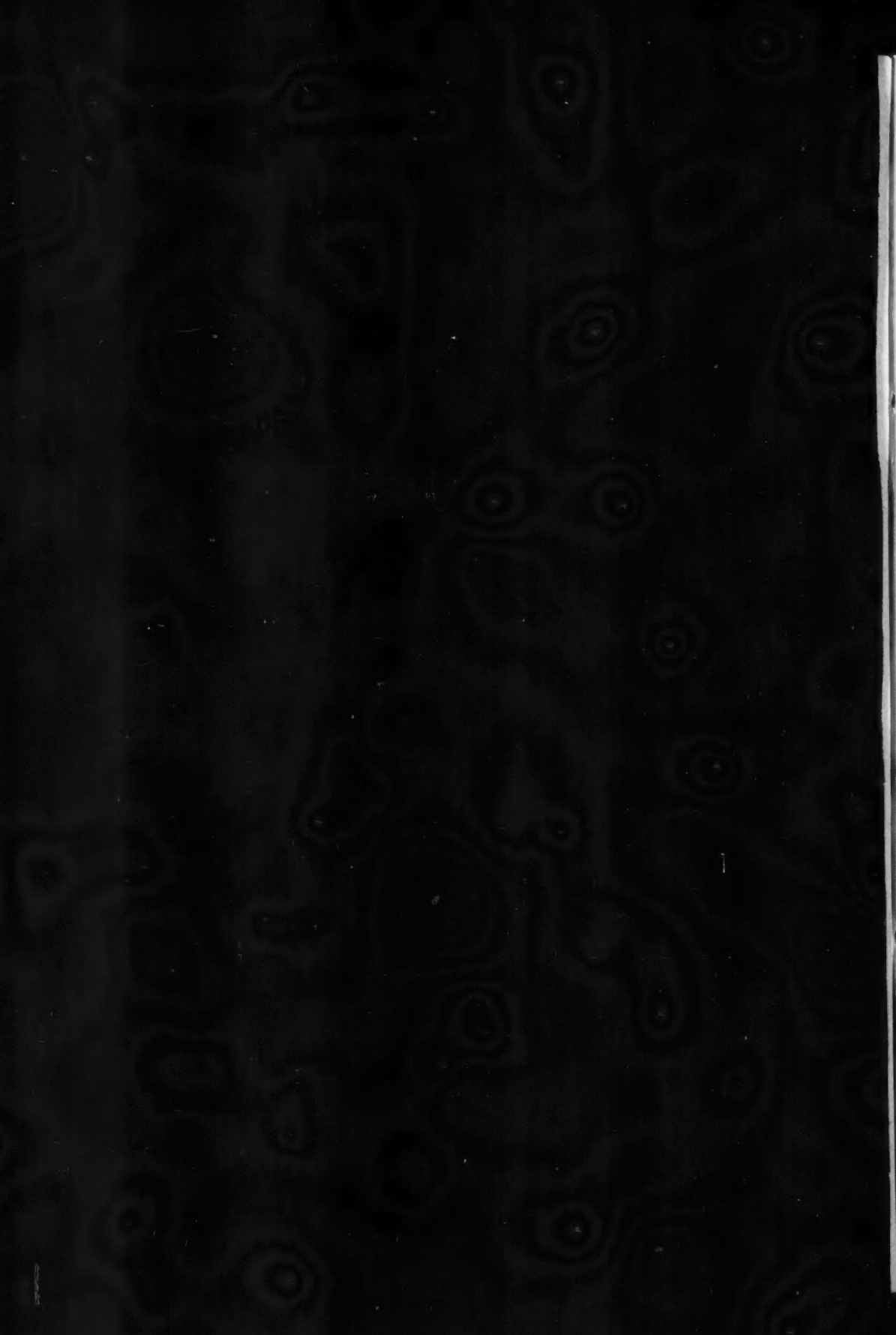
The foregoing suggests that a specialized social service for immigrants is desirable and necessary.

The needs of the immigrant are many and immediate. As distinct from those of other clients of community agencies, the problems all appear simultaneously with the arrival of the immigrant. Making a living, finding accommodation, building up personal and family stability, overcoming malnutrition of body, mind and spirit, come all at the same time. Hertha Kraus<sup>2</sup> writing about the newcomer's orientation to the American community emphasizes the importance of this aspect. If help is not offered at this first moment, it may lead to a protective shell, manifesting itself in aggression, hostility and rejection towards the new homeland. It may lead to hurt withdrawal and silent negative suffering, cutting into the effectiveness of family adjustment.

<sup>1</sup> E. W. Clark—*Challenge of Transplanted People for Casework*.

<sup>2</sup> H. Kraus—*Newcomers Orientation to The New Community*. *Journal of Social Casework*, January 1948.





# ALBERTA'S CHILDREN

A Review of the Royal Commission Report on the Child Welfare Branch,  
Department of Welfare

By KATHLEEN M. JACKSON,  
*Secretary, Family Welfare Division, Canadian Welfare Council*

THE children of Alberta have schools and health services which compare favourably with those provided for the children of other provinces. Protective social legislation, such as the Mothers' Allowance Act, the Child Welfare Act, the Children of Unmarried Parents Act, and others were passed as early in the history of Alberta as could be expected, when it is remembered that the province was not created until 1905, and that it has had to face the task of organizing wide spaces and a thin veneer of population, 55% of whom still live in hamlets and rural municipalities.

While the health and education services were developing personnel adequate in numbers and training for the job they had to do, the need of the social services for a sufficient number of trained personnel was somehow overlooked. This resulted in a sort of professional malnutrition particularly apparent in the services relating to children. It is only fair to say that the present officials in Alberta inherited this policy; they did not initiate it or invent it.

The history of the controversy as to the adequacy of child welfare services in Alberta is well known. The Child Welfare Com-

mittee of 1943, before which the writer of this review appeared in her capacity as director of the Edmonton Family Welfare Bureau, was evidence of the fact that the provincial authorities knew there was a good deal of dissatisfaction. For a number of reasons the findings of the Committee failed to satisfy the criticisms, which was being expressed not only by the professionally trained social workers operating private welfare services but by board members and others in a position to know that there were helpful skills in child care services, which were not being made available to the neglected and delinquent children in Alberta.

Being fully aware of this situation, the I.O.D.E. became interested in the possibility that child welfare in Alberta might become their major post-war activity. Following the Survey which they sponsored, and which was made by Dr. Charlotte Whitton and a staff of experienced social workers, the Alberta Government appointed a Royal Commission manned by three eminent Alberta jurists, whose Report is the subject of this review. Interestingly enough some of the material in the Whitton report included unimplemented recommendations from the 1943 Child Welfare Committee.



Briefly, the job of the Commission was to investigate the charges made against the Child Welfare Branch and its officials in a number of newspaper reports, articles and editorials, and to investigate any other specific charges which might be brought during the hearing. It was also to report to the Government on whether Child Welfare Commission policies (the controlling body established after the Child Welfare Committee of 1943) were in the best interests of the children and other citizens of Alberta, and if not to make recommendations regarding their improvement. In carrying out this task it received eight Briefs from Alberta organizations, and heard forty-two witnesses, of whom only ten were professional social workers, so that both the lay and professional point of view were available for study. Unfortunately, the Commissioners did not consider it within their powers "to pay more attention to the statute law than is required to make intelligent findings on the policies, practices and procedures of the Child Welfare Branch and its officials." This is to be regretted because certain questions involving legislation such as the Juvenile Offenders Act, and the powers of the Superintendent of Child Welfare under the Child Welfare Act, were inextricably interwoven with the charges that were being heard, and judicial comment and recommendation on them would have been of great value in interesting the Legislature in passing some badly

needed amendments. It would also have been helpful if the Commission's terms of reference had enabled it to look at the questions involving the care of the aged, ill and destitute to which the Whitton report urgently drew attention.

The 23 recommendations of the Royal Commission were summarized in the 25th Anniversary issue of *CANADIAN WELFARE* which came off the press in the past few weeks. What of them? Do they bear out the judgment of the I.O.D.E. that such a survey was needed? Do they justify the findings of Dr. Whitton and her colleagues in the survey? How good are they as recommendations?

Suppose we look at the field of juvenile delinquency which is represented by six of the Commission's twenty-three recommendations. All six of them are to be found explicitly and implicitly in the Delinquency section of the I.O.D.E. Survey, and are among the most important points raised, namely, that juvenile court judges shall be selected, appointed and paid by the Department of the Attorney-General, that detention facilities shall be modernized and delinquents held the shortest time possible meanwhile, that institutional training facilities shall be established under provincial auspices, and that help should be available for delinquents past the age of 18. Other recommendations in the Survey which refer to the use of the Social Service Exchange, and field service by trained staff to delinquents and their families, are



included in other more general statements by the Commission. That the Commissioners were concerned about the care or lack of it afforded juvenile delinquents is clearly apparent in the body of their Report, in the section referring to the South Side Detention Home at Edmonton. They state "it was proved beyond a doubt that the South Side Detention Home was accurately described in the Calgary Herald articles 'Children in Iron Cages'." It was further proved that these conditions had existed since long before World War II until about the year 1947 under the supervision of the Edmonton Children's Aid Branch and with the full knowledge of the officials of the Child Welfare Branch." In September 1945 this reviewer saw Edmonton children confined in the way described, and it is gratifying that intolerable conditions of this kind have at last publicly received the official damnation they have so long deserved and that a start has already been made on remedying them.

We can take a look at another area of welfare service, namely, that of adoption principles and practices. The Commission Report makes three specific suggestions, urging the formulation of and adherence to adequate adoption procedures. It also suggests a re-examination of legal procedures in connection with adoption applications because of doubt about the wisdom of having these applications made to the Child Welfare

Commission instead of to the appropriate judge, and it recommends the discontinuance of cross-border adoptions. Most Canadian provinces have been struggling for many years with the question of what constitutes good adoption practice both locally and between provinces and countries, and there is now a well established body of knowledge upon which Alberta officials can draw in instituting improvements.

The calibre of foster homes, the supervision which they are given, the type of child to be placed in them, all received attention from the Commission, and it is obvious from their Report that they took seriously the criticisms made by those appearing before them. That they realized the truth of the allegations that unmarried mothers were not receiving adequate help and counselling is equally apparent, in view of their recommendation that welfare workers be assigned to do casework with unmarried mothers in Calgary and Edmonton, and that in other places wherever possible advice should be furnished to unmarried mothers from the office of the nearest provincial government representative.

One of the basic principles of child welfare is that every effort should be made to keep a child's family together. The Commission Report recognizes the validity of this principle in two of its recommendations, the first of which is that the efficacy of family casework in preventing family breakup

be recognized and casework services made generally available along with other welfare services. The second, which relates to financial aid, is also intended to aid in the protection of the family although the form in which it is shaped is open to serious question. The suggestion is made that the Child Welfare Branch secure organization and funds so that it may relieve poverty when it is a source of danger to a child in his home. It is certainly vital that no child should suffer because his parents cannot afford to feed and maintain him. However, if municipal and provincial public welfare services administer relief and other categorical forms of assistance on an adequate basis, it should not be necessary for the Child Welfare Branch to undertake this job which would be a direct duplication of the work of the other departments.

Perhaps the most significant recommendation of the Royal Commission is to the effect that the Provincial Child Welfare Branch institute selection and training procedures calculated to improve the quality of its staff. This proposal is of such importance that we quote its most salient features below.

"We . . . wish to recommend that to that portion of the staff now untrained in child welfare work there should be allowed an opportunity for vocational training in a school specially designed for this work, or by any means by which additional welfare skill can

be acquired; further, that there should be an infiltration into the Welfare Service of University-trained welfare workers. There are not enough welfare workers now to take the place of the welfare personnel in all of the province, but if they could be introduced one by one into the service we are satisfied that eventually workers would be employed all of whom would be specially trained in a school as well as qualified in heart and mind for the work. . . . We recommend that all employees of the Branch, with the exception of two shortly reaching retirement age, and those who are now and are likely to remain in straight stenographic and minor clerical posts, be given, as soon as arrangements can be made, a short course in the basic principles and techniques of child welfare work. . . . We recommend that leave of absence with grants-in-aid be made available to staff members who are willing, and otherwise qualified to attend schools of social work. We further recommend that further recruits to the service be (a) already qualified as social workers, or (b) be engaged on an apprentice basis, on the understanding that they will give part-time service to the department while qualifying themselves in a school of social work.

"If these recommendations are carried out, we feel that the standard of work done will be raised to a great extent, with corresponding profit to the children

concerned and to the citizens of Alberta."

With the above proposals and the concluding paragraph we entirely agree. It must be recognized, however, that the success of a sound personnel policy in any organization depends upon the sympathetic understanding and support of the administrators, and on the appointment of senior supervisory staff able to attract and develop the qualified university-trained personnel mentioned in the Report. Further, an in-service training program to be effective must be under the direction of one or more well-qualified and experienced professional persons.

It is to be hoped that this section of the Report will receive from the Government of Alberta the early and serious attention it deserves.

There is a good deal more in the Royal Commission report than can be covered in a review. Enough has been said, however, to show that its findings are positive and useful and it is clear that the Commissioners tried hard to make a just report on an unfamiliar subject under peculiarly difficult circumstances.

But as has been said before, the value of legislation, or of a survey, or of a Royal Commission Report, lies not in the way it *reads*, but in the way it is *implemented*. Therein lies the challenge to the Government of Alberta, and this is a challenge which should lie outside politics. For some years, the province has enjoyed considerable

prosperity which has been reflected in government programs, specifically in the health and welfare field by the provision of maternal hospitalization and other services. In addition free care to the tubercular and to young people with arthritis and rheumatism, together with a larger old age pension, and increased provincial participation with the municipalities in indigency and child welfare costs, were promised in the speech from the Throne at the opening of the provincial Legislature recently. With oil wells blooming like dandelions, this state of financial well-being is likely to continue for some time. Therefore there can be no question of the ability of Alberta to pay the moderate costs of the recommended rebuilding and reorganizing of provincial welfare services. To anyone who has ever done welfare work in Alberta, or anyone who has read the Whitton Report and followed the evidence given before the Royal Commission, there can be no doubt of the need of drastic reorganization of welfare services from top to bottom. The evidence of this need is now on file, not just in the files of the private social agencies and the report of the I.O.D.E. Survey, but in one hundred and twenty-five pages of findings signed by the three distinguished persons appointed by the Alberta Government to serve as a Royal Commission, W. R. Howson, Chief Justice of the Supreme Court of Alberta, and J. W. McDonald and E. B. Fair, both Judges of the District of

Southern Alberta and local Judges of the Supreme Court.

Unfortunately, there has sometimes been more heat than light in discussions of Alberta welfare services, and neither the proponents of the status quo, nor those who have been pressing for better services are entirely free of responsibility for this. It is understandable that the government of Alberta would rally around the officials in the Welfare Department when their administration was under fire. The distress of the social workers, committed to getting the best possible social services to the most people, is equally understandable. The frustration of the citizens who knew that professional social work had a good deal to offer, and wanted this good thing for their own much loved province is also a natural and healthy reaction.

If the government of Alberta will implement the findings of its

Royal Commission, by providing the essential trained staff for its welfare services, and by facilitating legislatively and organizationally, the urgently needed changes which have been recommended, the fury and recriminations of recent years can be forgotten. Enough young Albertans have shown an interest in social work training that, given an opportunity for professional service in their own province, there is no doubt that staff could be built up. They could within a few years make a new deal available to the destitute, neglected and delinquent children of Alberta and their families who have suffered so long the inadequately conceived and administered welfare services. If Alberta can do this, the exponents of good welfare services everywhere in Canada will rejoice over the good, forget the bad, and co-operate in every way possible in the future.

### PUBLIC HOUSING PROJECT RENT SCALES

*Rents for Regent Park, a Rent-scale system for a Public Housing Project*, by Humphrey Carver and Alison Hopwood is a study of the Toronto Metropolitan Housing Research Project of the School of Social Work, University of Toronto. The purpose of the study was to suggest a system of rents that could be used in the Regent Park Housing Project now being built by the Toronto Housing Authority. Application of the proposed rent-scale would result in an average monthly rent of \$28.67 based on the financial capacity and size of the family, with the proportion of income spent on rent amounting to 18-21% of the family income.

Rental systems in Great Britain, the United States and Australia are analyzed and the Regent Park population studied. The pamphlet is readable and the line of argument clear. The approach to what the family with a low or moderate income can pay in rent is realistic. The inevitability of public housing projects, if the housing needs of this group are to be adequately met, is obvious from the statistical data presented.

This 47-page study is published under the auspices of the Civic Advisory Council of Toronto, 83 St. Joseph Street, Toronto, from which copies may be obtained.

# A Real National Health Program— A Challenge to Canada

By JOHN S. MORGAN,

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RECENTLY there have been published in the United States, two documents which should challenge every Canadian. The one<sup>1</sup> has as its central purpose to set forth a program, which, while practicable, will "promote the highest possible level of national health." The other<sup>2</sup> takes the view that, since the white people in the U.S.A. can be shown to have a statistical health record not much lower than New Zealand, Australia or Sweden, there is no need for any very urgent consideration of health needs in the United States. Canada will have to make up its mind soon whether it believes in good health as a national objective, or whether it is prepared to accept the outworn philosophy which animates Lewis Meriam and appears to satisfy even some members of the medical profession, that only those who can afford to pay for medical care deserve to be healthy.

*The Nation's Health* is a telling document. It does not pretend to be impartial, but it tries to give intelligent appraisal to the op-

ponents' arguments. It is simply written and brilliantly presented. Although it has behind it all the resources of government statisticians, it uses figures as they should be used, to explain, to illuminate, and to persuade. It is the kind of national stock-taking which should be undertaken in Canada. The first few lines of the first chapter deserve to be quoted in order to illustrate the vigour and honesty of the approach.

"During the last generation the United States steadily improved its health record, but the Nation, and the people, still suffer losses through sickness, disability and death, much of which is unnecessary.

Every year, 325,000 people die whom we have the knowledge and the skills to save.

Every year, the Nation loses 4,300,000 man-years of work through bad health.

Every year, the Nation loses \$27,000,000,000 in national wealth through sickness, and partial and total disability."

A similar indictment could be written of Canada. On the same basis, for example, Canada might be expected to lose this year about \$1,200,000,000 in national wealth due to sickness, and partial or total disability. It is a figure like this that puts in its proper proportion

<sup>1</sup> *The Nation's Health. A Ten Year Program.* A report to the President by Oscar R. Ewing, Federal Security Administrator, Washington, D.C. 1948. Federal Security Agency.

<sup>2</sup> *The Issue of Compulsory Health Insurance*, by G. W. Bachman and Lewis Meriam, Washington, D.C. 1948. The Brookings Institute.



the recent health grants, which, at first sight, Mr. Willard makes to appear so generous.<sup>3</sup> As a start—a first tentative step—in the right direction, these health grants are greatly to be welcomed. As a substantial feature of a real national health program for Canada, it seems very cautious to risk about 2½ per cent of our annual lost wealth.

Mr. Ewing's report to the President boldly states the conclusions of his analysis of the present provisions for national health in the U.S.A. Health man-power—physicians, dentists, nurses, and supporting personnel—is insufficient in numbers and poorly distributed; training facilities for new man-power are inadequate; "we have only about 50 per cent as many acceptable hospital beds as we require"; local available health services, public and private, are inchoate in plan and inefficient in operation; research is inadequate. Finally, and perhaps, most impressive of all the conclusions in this part of the report is the statement of the inability of the individual to pay for the medical care he needs.

"A scant 20% of our people are able to afford all the medical care they need. About half our families—those with incomes of \$3,000 or less—find it hard, if not impossible, to pay for even routine medical care. Another 30% of American families with incomes between \$3,000 and \$5,000 would have to make great

sacrifices or go into debt to meet the costs of a severe or chronic illness."

The report goes on

"Confronted with our inadequacies in health facilities and resources, and with what they cost in needless deaths and suffering, the Nation has clear alternatives:

One, to continue with the present general pattern, with chief reliance on slowly increasing economic levels and consequent increased demand to spur expansion of services;

the other, to strike out boldly but with careful planning, to bring our health resources quickly into line with our national and individual needs."

Mr. Ewing's conclusion, based on the recent discussions of a representative National Health Assembly held in May, 1948, in Washington, D.C., and all the evidence of his report, is inescapable. It is the second of his two alternatives which is then set out as a series of attainable goals: to raise professional man-power by 1960, by 40 to 50 per cent; to double the number of acceptable hospital beds certainly within 15 years; to give Federal assistance and leadership in establishing citizen health councils in every state and community; to improve and extend medical research; to develop adequate mental health programs; to control chronic disease; to provide adequate rehabilitation services; to assure every child in the country adequate health services; and to enlarge and develop public health, nutrition, and sanitation programs.

These aims will be easily accepted by many in Canada today,

<sup>3</sup> Joseph Willard, "The Canadian Health Grant Program". *Canadian Welfare*. October 15, 1948.



but the vigour of Mr. Ewing's approach and the stern practicality of his programs makes our present rate of progress and our present plans look like horse-and-buggy proposals in contrast to the airliner conceptions of a modern mind. Mr. Ewing's other major proposal is directly contrary to the conclusion which seems to be the basis of present Canadian plans. It is that a system of health insurance covering the entire population is an essential prerequisite of progress in the development of a health program. This report calls for immediate enactment of national health insurance. It sets a period of three years for administrative organization and "tooling-up", followed by operation of the services up to the ceiling set by resources as they exist at the time. All the thorny controversies of a national health insurance plan are squarely faced, and the objections fairly met. The point is made that most of the "new expenditures" are not really new expenditures at all. "They would be, for the most part, substitutes for expenditures already being made, without insurances, for the same kind of services."

Six main arguments against health insurance are examined in detail on page 105 of this report. This examination repays careful study. Of the kind of argument used in Canada by some who approve health insurance but wish it delayed until we have staff and facilities, Mr. Ewing writes

"Because of this fact [shortages which would prevent full service] it

has been argued that a health insurance program should not be instituted until it can provide all necessary services to all people. The proposal under this line of thinking would be first to develop the resources and services and then find a method for enabling people to have the purchasing power to buy them.

It is totally unrealistic to think of eliminating deficits [in services] ahead of solving financial problems. It puts the cart before the horse. Facilities and man-power expand in response to effective demand. . . ."

Another vital feature of this report is its insistence on the necessity of community participation. "All the help the Nation can give, however, will prove insufficient unless the communities themselves enter wholeheartedly into the work." This is a new tune and a welcome one. Health is the nation's business, and the voice of the people is seen to have a rightful place in the formulation of plans.

There is much more in this report which needs to be studied. The Administration has already acted. If the United States Congress accepts the recommendations of this report, embodied in the Bill presented by Senator Murray, it will give the U.S.A. a health scheme which will leave Canada far behind. We have nothing in Canada which has the quality of this report. We need a searching analysis like Mr. Ewing's and a similarly honest, bold and simple public statement of Canada's problems and needs in the field of health. Only then will our national

health program capture the imagination of the public and acquire the momentum which it conspicuously lacks when measured against this dynamic report by the Federal Security Administrator of the United States of America. Canada's progress in this urgent question should be measured not against the past, but against the new Health Scheme in Britain and the proposals now embodied in Senator Murray's Bill.<sup>1</sup>

The Brookings Institute report makes sorry reading against Mr. Ewing's document. It is got up with all the appearance of scholarly research. Its appearance is spurious and deprives the Brookings Institute of any reputation it may once have had for scholarship. The presentation is dull and obscure but that is probably intentional, for to have stated simply some of its basic assumptions would have shocked even its authors. The Negro population of the United States is segregated, both in the statistics, of which there are large quantities, and in the arguments, on the ground that they are, anyway, people of inferior health and status and to include them spoils the record.

The basis for examining the health needs of the U.S.A. adopted by Bachman and Meriam is as curious as it is obscurantist. Be-

cause the medical profession cannot exactly agree on what standards of full health should be, the report makes an elaborate analysis of the health statistics of other countries and concludes that as the U.S.A. records (for white people) can be shown statistically to be as good, or nearly as good, as those of other countries in the world, there is no need for alarm or even for very much improvement.

The unfortunate statistics of Selective Service — which showed 5,000,000 younger Americans to be unfit physically or mentally, for national service — are denigrated and explained away on various grounds. For example, it is pointed out that standards for rejection for the armed forces were lowered as the war progressed.

"Thus by March 1943, the rejection rate had dropped from its highest point, 52.8 per cent in September 1941, to as low as 33.1 per cent of all registrants examined. By the end of 1943 it had increased to 46.2." It takes Bachman and Meriam to be proud of a rate *as low as 33.1 per cent* rejections.

The conclusions of these authors about the ability of the ordinary citizen to pay for medical care are in direct contrast to those already quoted by the Federal Security Administrator.

"In both 1935-36 and 1941 the available figures show for all income classes with total incomes of \$1,500 a year or over that savings exceeded expenditures for medical care. . . ."

<sup>1</sup> Senator Murray's Bill proposes a federal-state scheme of National Health Insurance under the supervision of a National Health Insurance Board, to provide complete medical, dental, hospital and nursing care to everyone except the destitute (who would remain charity cases). Free choice of doctors would be guaranteed. Payment would be on a "stated fee" basis varied according to skills, location and other differential factors.

"Some persons, possibly conversant with these income and expenditure figures, say that families with low income cannot pay for medical care without lowering their level of living. If the maintenance of the customary rate of saving is included in the level of living, the statement is obviously true, but it seems to beg the question. Prudent persons save for the rainy day."

In a word, the nineteenth century idea that poverty is a necessary prerequisite for seeking medical aid has been accepted by the authors as a basic assumption. This is made clear by subsequent discussion of appropriate forms of means test to discover the indigent or medically indigent for whom alone care should be provided.

There is much information in this report which might have been useful but it is so obviously collected and presented to buttress the prejudices and preconceptions of the authors that its reliability is always doubtful. That is what makes this document so dangerous. It misleads the honest enquirer and supplies a mountain of dubious ammunition to the biassed opponents of progress.

A more honest and more valuable analysis of the material supporting the bias characteristic of Bachman and Meriam can be found in the publications of the American Medical Association.<sup>4</sup> Here the bias is openly admitted and the presentation is not befogged with pseudo-impartiality.

The challenge to Canadians in this second publication is of a different kind from that presented by Mr. Ewing's report to the President. It should be read, for it represents the kind of argument which will be used in plenty, and with all the same spurious appearance of impartial study, if the Canadian Government ever steps boldly out to serve the Canadian people by a real plan for the Nation's health. The challenge is to learn how to recognize this stuff for what it is, the fustian of scholarship in support of blind prejudice, and to be brave enough to treat it for what it is from whatever source it may come.

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<sup>4</sup> *The Cost and Quantity of Medical Care in the United States*, Frank G. Dickinson, Ph.D. Chicago. 1948.

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**T**he *People's Health—Canada and WHO*, a *Behind the Headlines* pamphlet, will be published this month by the Canadian Institute of International Affairs. It will include a discussion by Dr. Brock Chisholm on the growth of international co-operation in the field of health and on the origins, achievements and aims of WHO. It will contain also a section by C. F. Bodsworth on Canada's present health program, its provisions and effect on public health in Canada. *The People's Health* is available from the Canadian Institute of International Affairs, 230 Bloor Street West, Toronto 5. Price 15c. In quantities of 50 or more, 10c.

# Social Work Looks at Parliament

Mrs. Hodgson, the Canadian Welfare Council's Publicity Secretary, reviews Hansard and mirrors reactions.

By DOROTHY HODGSON

**T**HERE were three references to welfare in the Speech from the Throne. "*The provision of housing has received and continues to receive close attention.*" "*The national health program inaugurated by the Government last year is receiving full co-operation from all the provinces.*" "*A bill will be introduced to broaden the scope of the Family Allowances Act as a further installment of the policy of the Government to provide a national standard of social security and human welfare designed to assure the greatest possible measure of social justice for all Canadians.*"

\* \* \*

It is to be hoped that in giving close attention to HOUSING, the Government will not fail to consider the recommendations made in the Canadian Welfare Council's brief, *A National Housing Policy for Canada*. The brief, prepared by competent businessmen, community planner, economists, and welfare authorities, concludes that publicly subsidized housing is the only way out of our national dilemma.

\* \* \*

The Hon. Paul Martin, Minister of National Health and Welfare, in his debate on the Speech from the Throne, stated that projects

under the NATIONAL HEALTH PROGRAM are now flowing into Ottawa at the rate of \$200,000 a day. He cited the monthly totals of projects approved to date as follows:

August, 1948	\$ 196,000
September, 1948	375,000
October, 1948	997,000
November, 1948	1,721,000
December, 1948	1,112,000
January, 1949	4,082,000

\* \* \*

While all major political parties now accept FAMILY ALLOWANCES, there is still criticism in some quarters and reference to possible broadening of the Act aroused a new flurry outside Parliament. Dr. Charlotte Whitton, has been quoted in the press recently as saying, "It is a disgrace for the Canadian Government to plan to spend millions more on the baby bonus at a time when such expenditure was never needed less. . . . While the generous baby bonus payments are being made, Canada is leaving adequate and humane care of the aged without attention."

R. E. G. Davis, Executive Director of the Canadian Welfare Council, commented to the press in a different vein. "Family Allowances form the cornerstone of Canada's social security program.

... It is disquieting to have the case put in this either-or fashion, pitting the undoubtedly real needs of our aged against the needs of our children." Mr. Davis drew attention to the fact that family allowances have been endorsed by both the Canadian Association of Social Workers and The Canadian Welfare Council, the two major national social welfare organizations in Canada.

Both F. N. Stapleford, Executive Secretary of the Neighborhood Workers Association, Toronto, and Nora Lea, Executive Secretary of the Protestant Children's Homes, Toronto, have been quoted in the press supporting family allowances as "one of the most progressive and worthwhile pieces of legislation ever enacted by the Canadian Government."

*The Ottawa Citizen* editorially is "surprised at Dr. Whitton's opinion that family allowances are needed less today than ever." "Hard pressed by the high cost of living, Canadians have been saving less, borrowing more, and reducing consumption as the sales of milk unhappily show. Family allowances are in fact needed now more than ever," says *The Citizen*.

In its editorial columns, *The Toronto Star* "doubts that many social workers are likely to agree with this opposition [Dr. Whitton's] to an increase in the allowance."

Agreeing with Dr. Whitton, *The Toronto Globe and Mail* remarks that "there are many who still believe that the method

[family allowances] is wasteful and extravagant."

When the bill extending Family Allowances is introduced, as promised by the Throne Speech, its provisions will, of course, be examined carefully. That there can be no turning back from the gains already made for Canadian children is certainly the position of professional social work.

\* \* \*

Debate in the House of Commons on the union of NEW-FOUNDLAND with Canada brought forward the estimate that expenditures to provide family allowances and old age pensions to citizens of the tenth province for the fiscal year 1949-50 would amount to \$8,400,000 and \$2,700,000 respectively.

The Department of National Health and Welfare reports that of an expected 45,000 applications for family allowances from Newfoundland, 40,000 have already been received.

Except where enabling provincial legislation is required, as in the case of old age pensions, contracts for social assistance are for payment immediately following the contemplated date of union—April 1, 1949.

From the following Hansard records, it would seem that the Government's intention is to make old age pension payments retroactive to the date of union.

\*"Mr. Green: . . . I would ask the ministry to give very careful

\*Hansard, February 17, 1949, p. 635.



consideration to the question whether, if the Government of Newfoundland passes an act calling for payments commencing on the 1st of April, Canada can make her contribution likewise commencing on the last of April."

"Mr. Martin: I can assure my hon. friend that, not only will there be no delay, but there will be a great desire on the part of this government to enter into an arrangement with the new province of Newfoundland to make payments under the Old Age Pensions Act at the earliest possible date. If it can be done the 1st of April, it will be."

\* \* \*

Questions have been raised in the House this session by representatives of all parties on the **NEEDS OF THE DISABLED**. The queries have revolved around

the question of social assistance for this group, which is not, as such, eligible for old age pensions or other forms of social aid. The interest shown undoubtedly reflects growing concern across Canada.

*Canadian Welfare's* editorial, December 1948, urged that a national conference on the rehabilitation of the vocationally handicapped, as proposed by the Federal Labour Department last spring, be called quickly. The Public Welfare Division of the Canadian Welfare Council at their mid-winter meeting in Winnipeg in January held a special session on the problem and set up a committee to develop a program of action. At this meeting, Edward Dunlop gave an analysis of the problem which appears on pages 23-28 of this issue.

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## ONTARIO

**O**VER \$2,000,000 is estimated as the amount the Province of Ontario will pay to municipalities and Children's Aid Societies under two Bills introduced in the Ontario Legislature by the Honourable W. A. Goodfellow, Minister of Welfare, on March 4.

A new Homes for the Aged Act provides for increased and new payments. Under this Act the provincial payments toward capital cost of new construction of homes are increased from twenty-five to fifty per cent. An entirely new feature is introduced which enables the province to subsidize municipalities and district homes yearly in the amount of fifty per cent of the cost of maintaining the homes. In addition, the Act enables the province to pay a proportion of the capital cost to cover the unorganized portion of a district. Formerly this cost was levied against the assessment of school sections in the unorganized area. Provision is also made for the province to pay the full maintenance for a person whose residence at the time of admission was in unorganized territory.

Under an amendment to The Children's Protection Act the province will pay to municipalities twenty-five per cent of the amounts they are ordered to pay for the care of wards of Children's Aid Societies. The Children's Aid Societies are also to receive direct assistance in the form of subsidies of twenty-five per cent of the amount they raise in campaigns for private funds.



# TO MAKE THE DISABLED ABLE

By EDWARD DUNLOP

What is being done for disabled veterans by the Department of Veterans Affairs was presented by Mr. Dunlop in **CANADIAN WELFARE**, October, 1948. In this address, given to the Public Welfare Division of the Canadian Welfare Council at Winnipeg, January 8, 1949, he suggests a program for the rehabilitation of all disabled Canadians—between 100,000 and 150,000 citizens.

**T**HE greatest unmet need of tens of thousands of disabled Canadians is for those services through which they may make themselves fully useful and independent citizens. Rehabilitation services are available to Canadians only in so far as they are representative of a particular category such as disabled veterans, industrial accident victims, or the blind. Without detailing the excellent, albeit restricted, services presently provided, I estimate that they do not cover more than one-fifth of those who may require them.

I believe that in any well-ordered society, the opportunity to emancipate oneself from the unnecessary consequences of disablement should be regarded as a fundamental right of citizenship, much in the same class as free popular education.

Bearing this premise in mind, I intend to consider four points: The extent of the need, the nature of rehabilitation itself, the services now available, and the economic consequences. From this, I hope to draw certain conclusions useful in planning a nation-wide rehabilitation program, ultimately capable of meeting the needs of the the now-neglected four-fifths.

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Edward Dunlop is the Executive Secretary of The Canadian Arthritis and Rheumatism Society, and formerly was Director of Casualty Rehabilitation, Department of Veterans Affairs.

It is generally recognized that physical impairment commonly leads to unemployment, or employment below the proper level of attainment, to the waste of precious human resources, and to great personal and family distress. I assume at the outset that it is now equally recognized that the great majority of the physically impaired can become safe, reliable and efficient workers in normal competitive employment, provided only that they are properly prepared for and become placed in suitable work. I refer the dubious to the many objective studies now available, or to the records of the Department of Veterans Affairs, the Ontario Workmen's Compensation Board, the Canadian National Institute for the Blind, and others. Therein they may find the recorded accomplishments of men and women disabled in almost every way, now performing successfully almost every kind of job.

## Numbers

How many people need rehabilitation services? Some answer to this question is a first consideration in planning.

The U.S. Office of Vocational Rehabilitation estimates that 1,500,000 disabled Americans require rehabilitation. This estimate is based both on the U.S. Public Health Survey and upon experience. That there are 600,000 people on the register of disabled persons maintained under Britain's Disabled Persons' Employ-

ment Act tends to confirm their estimate .

We may safely assume that between 100,000 and 150,000 disabled Canadians need rehabilitation.

Certain available morbidity statistics support this assumption. There are, for example, an estimated 35,000 Canadians who have one or more limbs amputated—a number equal to the population of Kitchener, Ontario; 7,000 deaf mutes—equal to the population of Prince Rupert, B.C.; 58,000 epileptics—equal to the population of Regina, and each year about 10,000 are discharged from tuberculosis sanatoria—a number equal to the population of Barrie, Ontario. Probably 100,000 Canadians are partially or totally disabled by rheumatic diseases, including arthritis. There are 50,000 crippled children. These figures are intended to give but an impression of the extent of disablement in Canada, and are by no means complete.

It must be recognized that whether or not a particular disabled person requires rehabilitation services, depends not only upon his or her disability, but also upon factors such as the availability of various types of work within the locality, and that individual's resources of personality, education, experience and money. There are those also who find little difficulty in getting work, but who require special consideration to ensure that they do not aggravate their disabilities. Thus, morbidity statistics are not of direct value in determining the number of people needing rehabilitation service.

This brings me to the first conclusion which I consider essential in planning, namely, that to obtain complete statistics as to the extent of disablement is an almost impossible and not very valuable undertaking. Exact figures could be secured only through a

mechanism almost as extensive as the census, to which would have to be added facilities for medical, social and vocational diagnosis. Attempts have been made to establish the extent of the need in other ways. One method has been to add together all the disabled registered by community social agencies. This gives an incomplete picture, one which, I suggest, may usefully represent the problem which the agencies have with the disabled, but fails to depict the needs of unknown thousands.

The need is so obvious, and the possibility of dealing with it successfully so promising that further surveys, studies, or estimations of its extent are an unnecessary preliminary to action. Instead, I suggest the adoption of a frankly empirical approach. On the basis of a reasoned estimate of the numbers requiring service, the necessary rehabilitation facilities should be created. These could then be expanded in accordance with demonstrated need, as case-finding and other techniques bring larger groups within the agency's orbit. The medical profession did not start by first inquiring how many people were sick; rather, they started to treat the obviously sick whom they could help, and expanded their facilities as their skill in diagnosis and treatment improved. On this empirical basis, I suggest that provision be made at the outset sufficient for the rehabilitation of 15,000 disabled Canadians annually.

#### **What IS Rehabilitation?**

The second important consideration is the nature of rehabilitation itself. Rational discussion of rehabilitation has been impeded by lack of a generally-understood definition. Many think of rehabilitation as being synonymous with, say, vocational training or occupational or physical therapies, or

special job placement, or sheltered workshops. It may be any, all or none of these, depending upon the individual. *The accepted definition is that rehabilitation is the process of assisting the disabled to attain the best possible physical, social, mental, economic or vocational adjustment and usefulness of which they are capable.* For clarity, subordinate parts of this total process should be referred to as vocational or medical or social rehabilitation. The process begins at the time of diagnosis. It is not complete until the disabled person is restored to a suitable and satisfying social and working life.

The process involves, then, not one but many services. So, too, it is not the preserve of any one professional or skilled group. It may involve physicians, surgeons, nurses, physical occupational or speech therapists, limb fitters, brace makers, vocational counsellors, social workers, psychologists, and industrial personnel workers, to mention but a few. I conclude that there is need for an organizational environment within which all the necessary skills and services may be brought to bear effectively in the case of each and every disabled client.

#### **Existing Facilities**

Third, I wish to consider the extent of rehabilitation facilities now existing. I make no attempt to catalogue all agencies. In the voluntary field, I think you will find that the services of every agency are in some way restricted, serving but a limited area, or a limited group, or providing an incomplete range of services. The only voluntary agency which provides complete rehabilitation services to its clients throughout the whole country is the Canadian National Institute for the Blind.

Restricted eligibility is characteristic of official agencies. The Department of

Veterans Affairs serves only eligible veterans. The Ontario Workmen's Compensation Board provides excellent service to industrial accident victims, and the Boards in one or two other provinces have recently undertaken similar provisions. The Sanatorium Board of Manitoba provides rehabilitation for the tuberculous in that province. As far as I know, the Saskatchewan Department of Social Services operates the only program not categorically restricting its clients' eligibility, but it is as yet in a formative stage.

The Special Placements Section of the National Employment Service is the only agency which makes its services available to any disabled person in Canada. Although eligibility is unlimited, the services available are severely restricted and circumscribed. The Special Placements Section can assist disabled people to find suitable work, but it does not have available that range of medical, vocational and social services necessary to prepare the largest proportion of the disabled to work efficiently. A complete rehabilitation service is not an alternative to the Special Placements Section. Rather, they would be complementary, the one making possible the effective working of the other.

These voluntary and official agencies should not be criticized because their services are restricted; indeed, they are to be commended for providing a service within the area of their own jurisdiction.

#### **It Pays**

The fourth and last point to be considered is the economic consequence of rehabilitation. The most revealing figures have been provided by the U.S. Office of Vocational Rehabilitation. It provides rehabilitation services to disabled Americans when and wherever they need it. In the four years from

1943, at which time the operations of the Office were expanded by the passage of Public Law 113, it has provided rehabilitation services to 160,000 disabled. Of these, almost 75% were unemployed at the time; nearly 20% had never worked. The cost was \$400 per case, and this should be contrasted with the annually-recurring charge of \$400-600 upon either the public or private purse to maintain a dependent person. The total income of the 40,000 cases served in but one year was increased from an estimated \$11 million from all sources to an estimated \$54 million from earnings. Here, clearly, is a social service which pays for itself.

### Conclusions

Time does not permit as extensive a review as may be necessary completely to document my conclusions upon which, I believe, some agreement is a first essential in planning. They are:

1. That disablement is a significant problem in Canada, and that tens of thousands of disabled Canadians are now ineligible for the services which they need.

2. That properly prepared for, and placed in, suitable work, the majority of the disabled can become reliable, safe and efficient workers in normal competitive employment.

3. That further surveys of the extent of the problem are an impractical and unnecessary preliminary. A national rehabilitation program should be launched, initially capable of providing rehabilitation for 15,000 persons annually, to be expanded in accordance with the demonstrated size and character of the need, until available to every disabled Canadian.

4. That the problem is so extensive as to require participation by Government at all levels and by voluntary agencies in its solution; each operating in the particular area to which each is

best suited. The fact that all levels of Government have not participated fully thus far accounts for the present situation in which Canada lags far behind other English-speaking countries in this aspect of its social services.

### Minimum Needs

The first step in planning a national rehabilitation program is to determine the manner in which the various levels of Government and voluntary agencies could each best contribute to the whole.

Because we assume that rehabilitation services should be a fundamental right of citizenship, we should first determine what services constitute a basic national minimum. Although anything which contributes to the individual's physical, mental, social, economic or vocational adjustment may be considered to be a rehabilitation service, the following are commonly required, and may lead to successful rehabilitation in the majority of cases. Accordingly, as the basic national minimum, I suggest:

#### Medical Examination

To determine the disabled client's need for active remedial medical treatment or medical rehabilitation and to estimate his or her remaining physical capacity for work.

#### Medical Rehabilitation

A distinction must be drawn between medical rehabilitation and active remedial medical treatment. The agency providing rehabilitation services should be enabled to pay the costs of medical rehabilitation, but it should not be concerned with active remedial treatment. Were it to be so, existing arrangements for public and private medical care would be thoroughly disrupted.

#### Prostheses

Artificial limbs, braces, hearing aids, and other prosthetic appliances should be pro-

vided to restore, insofar as possible, lost capacity.

**Maintenance Allowances During the Adjustment Period**

**Vocational Guidance** To assist the disabled person to choose, prepare for, and enter into a suitable occupation.

**Training** In schools, through apprenticeship or on-the-job, training may be required to give the disabled person the skill necessary to secure entry into his chosen field of work. It should be noted that in the majority of instances, with but little added care, the disabled can be trained through the same facilities as the able-bodied.

**Special Job Placement** To assist the disabled to secure suitable work.

**Medical, Social and Vocational After-Care** To ensure the successful maintenance of the adjustment achieved.

Social and psychological services may be required in conjunction with any of the foregoing.

The uncoordinated provision of these services does not constitute a rehabilitation program. They are not effective unless related one to the other, and to the total needs of the individual client. Eggs, flour and milk are not a cake. They are only its makings. Component services must, in fact, be organized and rendered in accordance with two fundamental principles.

**Unity of Administration** In so far as possible, one agency should be authorized either to provide or purchase for its clients all needed services so that the necessary unity of purpose and attention to the individual may be achieved. This principle should be applied as extensively as possible, subject to the limitation that the organization of

existing component services, such as education, should not be disrupted.

**Individual Approach** The organization should be client-centred. Each disabled person has his individual rehabilitation needs which can be solved only by the construction and execution of an individual plan suited to those needs. The agency must be staffed with case workers representing to the client the medium through which all services may be obtained, capable of bringing all the multitude of available public and private resources to bear effectively upon the solution of the client's problem. No matter how well planned and organized, any rehabilitation scheme will fail unless it provides a ready means for its adaptation to the needs of the individual. Accordingly, its case workers must not be required to carry unduly heavy case loads.

The extensive organization required, the costs involved, and the universal condition of eligibility implied, make it necessary that the basic national minimum be provided by the State. Such is the case in both the United Kingdom and the United States.

Almost all component services lie within the jurisdiction of the provinces. Constitutional considerations dictate, and practical considerations make it desirable, that the agency providing the basic rehabilitation services be operated by provincial governments. The provinces are already administering related services, such as education, public health and social assistance.

If, however, a nation-wide rehabilitation service is to be provided with the velocity which the urgency of the need demands, I submit that the financial and technical participation of the Dominion Government is essential. Furthermore, only thereby can it be ensured that rehabilitation services



will become available to every disabled Canadian as a right of citizenship. The provinces have been led to expect federal aid from the Dominion Government's sometimes-overlooked reference to a rehabilitation program in its 1945 proposals. It may be that provincial action awaits only this federal leadership.

#### Cost

The need for participation by both these levels of government suggests to me a scheme of conditional grants as the only practical vehicle at hand. It is difficult to estimate the total annual cost of an adequate program, but \$6,000,000 is suggested, to be divided almost equally between the Dominion and the provinces.

There are many desirable special and supplementary services over and above that basic national minimum already described. There is, for example, the need for increased facilities for medical rehabilitation. Whether this should be provided through clinics operated by the rehabilitation agency, as in the case of the Ontario Workmen's Compensation Board, or through existing hospital channels, or by other voluntary agencies, is largely a matter of administrative detail dependent upon local and practical considerations. Other desirable supplementary facilities may be cited: Medical-vocational rehabilitation centres, similar to New York's Institute for the Crippled and Disabled, are necessary for rehabilitation of the most severely disabled; special provisions are required in hospitals for the tuberculous, and other institutions largely populated by the chronically-ill.

Voluntary agencies may best provide certain of these and other supplementary services, particularly where the freedom to experiment and to demon-

strate may be important. In addition, certain voluntary agencies are in the best possible position to provide rehabilitation for their clients, as in the case of the Canadian National Institute for the Blind. There is no reason why the official agency could not repay the voluntary agency the cost of service provided on a fee basis.

Co-operative arrangements for case-finding, the provision of supplementary services, experimentation, and the continuous study of the special needs of the group in which they are primarily interested, are among the many functions which may be performed by voluntary agencies in order to round out a complete program.

I have been able to provide no more than a bare outline of the national rehabilitation program, consisting of a national basic minimum to be secured and ensured through a scheme of conditional grants and special or supplementary services to be provided in other ways, largely by voluntary agencies. I have been unable to touch upon many important matters, such as the role of industry; the relations between the various professions concerned; and the relationship of the provincial rehabilitation agency with hospitals, schools, and other institutions.

Those familiar with the programs of the United States and the United Kingdom will see that I propose nothing which is new. I propose only the general application of existing knowledge and experience to the Canadian scene.

The need is so obvious, and success in meeting it so promising, surely many Canadians will not longer be denied a fair chance to enjoy the full independence and usefulness of their able-bodied fellows.

# RESULTS OF 1948-1949 COMMUNITY CHEST CAMPAIGNS

CITY	Number of Member Agencies	Objective	Total Raised	Percentage of Objective	Percentage of Amount Raised in last campaign but one
Belleville.....	3	\$ 16,000	13,252	82.0	136.0
Brandon (spring).....	8	35,000	32,000	91.4	107.0
Brantford.....	8	75,000	78,000	104.0	90.0
Calgary (spring).....	23	225,000	251,500	111.8	96.8
Chatham.....	9	42,000	48,011	115.0	1st campaign
Cornwall.....	7	22,500	17,445	77.0	116.0
Drumheller.....	8	10,000	11,000	110.0	1st campaign
Edmonton.....	27	148,500	135,000	91.0	103.8
Espanola.....	11	8,000	8,660	108.5	1st campaign
Fort William.....	7	33,500	34,900	104.2	112.5
Galt.....	9	31,500	35,136	111.5	109.0
Guelph (spring).....	9	37,000	38,086	102.9	99.0
Halifax.....	17	95,600	99,649	104.2	108.5
Hamilton.....	27	298,740	307,753	103.0	109.0
Hull.....	10	20,000	22,000	110.0	106.0
Joliette.....	16	1948 Campaign postponed to 1949			
Kingston.....	12	59,000	53,000	90.0	102.0
Kirkland Lake.....	11	45,000	34,556	76.8	111.6
Kitchener-Waterloo (spring).....	15	125,000	126,265	101.0	124.8
Lindsay.....	4	11,500	12,000	104.3	1st campaign
London.....	12	168,000	168,000	100.0	120.0
Lachine.....	4	8,500	8,695	102.0	92.0
Lethbridge.....	14	39,000	40,000	102.0	98.0
Montreal Welfare Federation.....	30	1,140,000	1,150,000	100.9	106.3
Montreal Federation of Catholic Charities.....	25	300,000	305,879	101.9	110.6
Montreal French Federation (spring).....	38	1,024,000	1,037,000	101.2	110.1
Montreal Federation of Jewish Philanthropies.....	7	366,260	366,260	100.0	102.7
Moose Jaw.....	8	23,000	26,237	115.0	1st campaign
New Westminster.....	7	55,000	58,545	106.5	147.0
Niagara Falls.....	8	47,000	46,000	98.0	108.5
Norfolk County (Simcoe).....	2	15,000	13,860	92.4	88.8
Oshawa.....	15	91,000	101,723	111.8	105.9
Ottawa.....	21	302,200	288,632	95.5	113.2
Peterborough (spring).....	11	60,000	65,778	109.1	117.7
Port Arthur.....	11	41,000	42,337	103.2	116.0
Preston.....	7	17,000	16,572	97.5	1st campaign
Quebec City (spring).....	16	160,000	162,670	101.6	117.0
Regina.....	18	68,000	78,872	116.0	140.0
Saint John.....	8	90,500	73,257	80.0	109.0
St. Thomas.....	5	25,000	18,180	72.7	135.8
Sarnia.....	7	1948 Campaign postponed to 1949			
Saskatoon.....	15	63,000	61,214	97.0	111.0
Sault Ste. Marie.....	7	29,200	26,314	90.1	80.8
Sherbrooke.....	10	23,000	28,300	123.0	102.8
Sudbury.....	12	85,000	80,500	94.7	1st campaign
Toronto.....	66	2,300,000	2,140,630	93.1	109.1
Vancouver.....	43	775,000	778,203	100.4	122.0
Victoria.....	21	150,000	110,548	73.6	113.3
Windsor (spring).....	8	175,000	189,000	108.0	118.0
Winnipeg.....	28	590,479	537,000	91.0	116.7
TOTALS.....	725	\$9,569,979	\$9,378,419	98.0	107.6

# *Financing Social Work Education*

By PHYLLIS BURNS,

*Secretary, Child Welfare Division, Canadian Welfare Council*

A NEW spirit in professional education for social work emerged during a meeting of the National Committee of Canadian Schools of Social Work which took place in Ottawa in mid-November, 1948. This gathering was attended by faculty members from six of the seven Canadian Schools of Social Work and representatives of the Canadian Association of Social Workers and the Canadian Welfare Council. The chairman for the meetings was Dr. Harry M. Cassidy, Director of the School of Social Work, University of Toronto and chairman of the Committee of Canadian Schools.

The purpose of the meeting was to plan for the development of professional education in Canada for the next few years. In working out this plan the group developed a brief to the Minister of National Health and Welfare, the Hon. Paul Martin, and his Cabinet colleagues, which was designed to present the financial needs of the Schools to the Federal Government. The Committee also consulted with seven Dominion Government Departments in which social workers are being used, about problems of recruitment and training of suitable workers to meet their present and future needs.

The seven Canadian Schools of Social Work first received a grant from the Federal Government of \$100,000 in 1946-47 to expand their facilities and to provide bursaries to attract students. This grant was renewed at a reduced figure of \$50,000 for the academic years 1947 to 1949 inclusive. During their Ottawa meeting the Committee of Schools decided to seek an increased grant from the Federal Government and to ask that any grant being made should be available for a period of years on a basis which would enable the Schools to plan their program and make faculty appointments with greater confidence than they are able to do now.

The story of the development of the Schools of Social Work during the past three years is an impressive one; enrolment of full time students has risen from 279 in the fall of 1945 to 472 today. The educational qualifications of the students have been raised so that 84% of the present enrolment are university graduates as compared with 62% when the original federal grant was made. Thirty-eight per cent of the total enrolment in Schools of Social Work this year are men, partly because of educational opportunity made available to veterans from the Department of Veterans Affairs, but also be-

cause social work is being recognized as a profession of great promise for well qualified persons whether men or women.

In order to provide a high standard of training for the increased student bodies, all the Schools have extended their faculties and enriched their curricula; new degrees for social work have been established to replace diplomas and certificates. Four universities—British Columbia, Manitoba, Toronto and McGill—now offer a Bachelor of Social Work Degree to those who have successfully completed one full year of training. Five of the Schools—British Columbia, Toronto, McGill, University of Montreal, and Laval—also offer a Master of Social Work Degree. A significant academic development has taken place at Laval University where the training plan has been modified to provide for a three-year course leading to the Master's Degree. The first year of this course offers basic social sciences to provide sound pre-requisites for the professional courses given in the two final years.

The faculties of all the Schools of Social Work have been strengthened since 1945. There are now 38 full-time members on the faculties of social work, and 15 full-time field work supervisors have been appointed. Other courses are given by 62 part-time faculty members teaching academic subjects, and there are 40 part-time field work supervisors for field work teaching. It has been a

source of concern to the Schools that many of these faculty appointments have not been filled in Canada because of the dearth of advanced professional training in our Schools. This is one of the areas in which the Schools hope to supplement their present training programs.

Expanded training facilities have only been possible because of substantial increases in the budgets of the Schools. The figures prepared by the Schools of Social Work show that whereas \$128,814 was spent by all of them in 1945-46, the budgets of the Schools for the current year total more than \$257,000. This increase in investment for social work education includes 74% increase in support given by the Universities themselves. Of the total budgets, 78% comes from Universities, 15% from the Federal grant and 7% from other funds. Support is given by several provincial governments but normally this assistance is received indirectly through the general financial support given to the Universities themselves.

One of the main concerns of the Directors of the Schools of Social Work is bursary assistance to students. Professional education for social work is not cheap. Involving as it does two years of post-graduate study after a university course, this education is beyond the means of many persons who are personally and academically well suited to the profession. During the present academic year 66% of the students

in the Schools of Social Work are receiving some financial assistance, 41.3% of this group being assisted by the Department of Veterans Affairs, 15% receiving bursaries from the Federal grants and 14% being helped by other university bursaries and scholarships. Anticipating the gradual disappearance of the Department of Veterans Affairs benefits for students and the continued high cost of living and of education, plans must be made for providing a comprehensive system of bursaries to maintain present enrolment at a high level and to insure that students will be selected because of their personal suitability and not because of their financial status.

The field of social work may well feel gratified about the improvements which the Schools have made due to the stimulus given by the Federal grants. There is, however, urgent need that this support be continued. The provision of competent personnel for the administration of public and private social services is an urgent matter of national policy. The Federal Government has progressively undertaken to establish extensive social services such as family allowances, unemployment insurance, and veterans rehabilitation programs. It plays an important part in provincial and local social services through its participation in the old age and blind pensions programs. For these services the Federal Government is spending more than \$600,000,000

annually and the effective expenditure of this money depends to a large extent upon the employment of qualified personnel. There is in prospect greater increased demands for trained personnel and public service at all levels of government. The need for qualified social workers in local social agencies is continuous and acute.

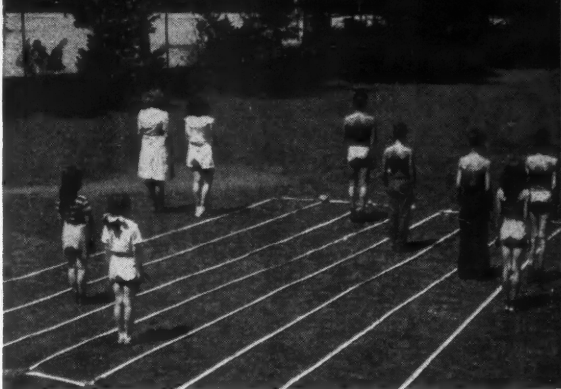
Ample precedent can be shown for Dominion aid to professional and technical education and legislation such as the Agricultural Instruction Act of 1913, the Technical Education Act of 1919 and the War Emergency Training Scheme which included assistance to certain groups of university students whose services were needed in the national interest. Currently, the professional training grant of \$500,000 a year for five years to be paid under the national health scheme of 1948 will assist to provide qualified personnel for public health programs on all levels of government.

Undoubtedly the greatest significance of this Conference of Schools supported by the Canadian Association of Social Workers and the Canadian Welfare Council lies in the possibility that, as a result of its representations, a planned program of professional education for social work assisted by the Federal Government will emerge and we may begin to deal effectively with the current shortage of social workers in Canada which is causing general concern.



# THE PATHWAY OF LIFE

By D. V. HUTTON, O.B.E., M.D.,  
*Child and Maternal Health Division,  
Department of National Health  
and Welfare*



(Vancouver Daily Province Photo)

**E**VALUATION of the physical fitness of the child has baffled scientists and doctors for a good many centuries. It is axiomatic that normalcy cannot be appraised when abnormalities in growth and development lie hidden from the critical clinical scrutiny of physicians and the alert observations of parents and the host of others who are interested in childhood studies.

The usual method of appraising a child's physical condition has been a clinical examination followed by a comparison of his height and weight with a "standard" for his age. This standard is the average of a select group of boys and girls. It implies the comparison of children at certain age levels to the average or standard of a group in Toronto, Montreal, Winnipeg, New York, London or wherever else a standard chart has been prepared.

But tables of heights and weights have only a relative value because race, heredity, familial tendencies, geographic and climatic influences, prenatal factors, home influences and environment generally determine the pattern for later life. "As the twig is bent, so grows the

**The Wetzel Grid appraises physical fitness in terms of growth and development.**

tree"! The child who is the progeny of tall, willowy parents does not grow the same way nor at the same speed as the child of short, stocky parentage. Comparison is obviously ludicrous. Although medical literature and scientific libraries were crowded with voluminous data on growth and development there was no answer to the problem of how children grew. Dr. Norman Wetzel, formerly associate professor of pediatrics, Western Reserve University, Cleveland, Ohio, set out to solve this problem. Calling upon his lengthy experience as a pediatrician and mathematician, he laboriously and meticulously set about his task.

His studies of other forms of life had shown fixed and definite patterns of growth which under normal conditions followed with mathematical precision. He determined to apply this phenomenon to the growth behaviour of children. Pertinent data were readily available—height, weight and age records were amassed from the four corners of the globe representing

Eskimos, Lapps, Scandinavians, Central Europeans, Asiatics, Orientals, Negroes, Americans, Canadians and others—approximately six million in all.

Trained as a mathematician and equipped with a veritable battery of slide rules, adding machines and calculators, Dr. Wetzel sifted out the relevant information and the statistical picture began to unfold. Children, just as other forms of life, showed a selectivity in their growth behaviour. They too had preferential patterns of growth which were followed with true fidelity under normal circumstances. The hypothesis seemed a reality but, when actually applied to a group of children under constant clinical observation, did it still hold water? For the next 20 years 4,800 Cleveland children were periodically examined. Heights, weights and ages were recorded as well as a clinical assessment by a trained observer.

Dr. Wetzel found that he could divide children into nine different patterns of growth—on the one hand the linear, thin to skinny types, on the other the stocky, heavy to obese types. Following a middle course were the medium types. Standing out pre-eminently and irrespective of physical type was the significant fact that each child followed his own pattern of growth. Not only did children maintain their physique or body build but they developed at their own speed, some quite normally at an accelerated rate whereas others quite normally at a much slower

rate. Dr. Wetzel states that providing they advance on their schedule—develop according to their individual timetable—they are achieving the ultimate of their potentialities in growth and development.

To facilitate the interpretation a graphic chart was devised. This grid or graphic chart, 9 by 12 inches, represents the *Pathway of Life* divided into physique channels—the medium type running down the centre, the linear type on the right and the stocky type on the left. Cross lines on the channel system indicate levels of advance. Normally a child progresses one level each month. By plotting height against weight, a series of “points”, when joined together by lines, graphically portrays the child’s physical progress, body shape, developmental advance and nutritional gradient. In a second panel the schedule of development is recorded by plotting the developmental level from the channel system against the chronological age. It is noted that between nine and 15 years girls advance faster than boys but level off earlier. The combined picture of these two panels on the grid shows the quality of growth, adherence to the timetable of development, lag with resulting growth failure and fuel debt, or abnormal advance and precocious puberty. In a third panel the basal heat production and daily caloric needs are recorded.

It is a foregone conclusion that proper development depends im-

plicitly upon proper growth and this, in turn, depends not only upon proper food supply but upon proper utilization of this food. Satisfactory progress implies therefore the maintenance of this delicate balance between food, digestion, metabolism, nutrition, growth and finally development. Any circumstances that interfere with this balance result in abnormalities in growth and development. The factors responsible for any unsatisfactory state are: first, *nutritional factors*, either too much or too little food, improper selection of foods or poor eating habits; secondly, *pathological causes* which include acute and chronic diseases, glandular disorders (goitre, diabetes, dwarfism, gigantism, cretinism, etc.) and disturbances in the ability of the body to assimilate foods properly; thirdly, there are the *psychological factors*, the emotional tensions that result from environmental unrest and insecurity, domestic upheaval, inadequate rest and mental and physical fatigue.

In "spotty" surveys throughout the United States approximately 30 per cent of any given group of children show growth failure. There are no barriers as to race, social strata or financial ability.

The child and maternal health division of the Department of National Health and Welfare has dispersed 15,000 grids across Can-

ada for demonstration purposes. Dr. Griffith Binning of Saskatoon claims, in his series of 730 girls, that over 50 per cent of the growth failures were due to emotional tensions. The grid may prove to be a range finder for the mental hygienist. Upon invitation of the British Columbia Department of Health, the Department of National Health and Welfare is collaborating in a mass survey in the Central Vancouver Island Health Area. Already 8,000 children have been "gridded" and the unsatisfactory group medically examined and placed on a recovery program.

The grid, with its pathway of life and timetable for the growing years, may not be the perfect slide-rule but has proven to be a valuable adjunct in the realm of school health services, if applied according to the rules and intelligently interpreted. The grid is not intended to replace the doctor even though it is claimed to indicate growth failure, simple malnutrition and incipient disease, months to years before there are recognizable clinical signs. It is hoped that the practicability of applying the grid in school health services will be determined at the ultimate conclusion of the British Columbia survey study. If results are satisfactory it will prove a time-saver by "screening" the unsatisfactory group for the critical attention of the public health and school medical staff.

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# VOLUNTEERS

## VANCOUVER

January 24-29 was Greater Vancouver's Volunteer Week, officially endorsed by Mayor Thompson and staunchly supported by the two Vancouver dailies, seventeen suburban weekly newspapers and the B.C. Electric's weekly *Buzzer*. Besides, a wholesale drug company made available their large sign-board at a strategic corner, and three large department stores donated advertising space to tell the Volunteer Bureau's story.

The Welcome Wagon, which carries food products to all newcomers to the city, also delivered the Bureau's attractive folder and welcoming letter.

When January and February were over, it was found that 62 new volunteers—ten of them men—had been enrolled, and Mrs. W. Orson Banfield, Chairman of Public Relations, reports that not even the "unusual" weather could dampen their feeling of achievement.

## MONTREAL

At the request of volunteers who have been working for some time in welfare agencies in Montreal, a study course was planned recently by the Women's Voluntary Services to acquaint volunteers with social work as a profession, and to stress the importance of the trained volunteer as an adjunct of the professional worker.

Seven lectures, each by an outstanding social worker, were given on Volunteer Service as part of Democracy, Recreation and Group Work, Community Organization, Social Case Work, Health, the Juvenile Court, and Social Work as a Profession.

So keen was the interest that the volunteers themselves asked for an examination at the completion of the course.

## WINNIPEG

Mary Elizabeth Bayer, Executive Secretary of Winnipeg's Central Volunteer Bureau, reports that they are busy supplying transportation for those who cannot afford to get to hospitals and clinics on their own. Rough weather has made the job strenuous, but generous co-operation has netted results. The Red Cross campaign has absorbed some willing clerical help and the nursery schools and clinics are continuing their invaluable work.

The Information Service will be very useful for clearing meeting dates, contacting organizations, and keeping accurate account of what's happening in the various groups in the city.

Several staff changes have taken place, there are some new members of the Board Executive, and things are rolling along at Winnipeg's usual good pace.

# Birthdays Don't Count

J. H. Creighton, Chairman, Old Age Pension Board, Province of British Columbia, reviews the excellent *Report of the New York State Joint Legislative Committee on Problems of the Aging*. This is a Legislative Document, published at Albany, N.Y., in 1948, and may be obtained free of charge.

**I**N MARCH, 1947, the State of New York set up a joint legislative committee on problems of the ageing consisting of four state assemblymen and four state senators chaired by Senator Thomas C. Desmond. Assisting it in its work the Committee has had such well known authorities as Dr. C. Ward Crampton, Chairman of the Sub-Committee on Geriatrics, Medical Society of New York County; Dr. Edward J. Stieglitz, Chief of Staff of Suburban Hospital, Bethesda, Maryland, and Dr. George Lawton, author and lecturer on Psychological Problems of the Elderly, New York City.

The Committee is a continuing one and this is its first report. Unlike so many titles of books and movies, the title, *Birthdays Don't Count*, is accurately suggestive of the content of the report. It is really the thesis of the Committee's excellent effort.

The report begins with a very brief introduction by Senator Desmond, who says, "... though this report covers several major topics, it may be of interest to note here that our Committee is centering its attention on the industrial problems of the ageing, because these, we find, lie at the core of so many other of the difficulties of the old timers; the unemployment, the

poverty, the feeling of uselessness that saps vigour and seems to encourage human decay and death."

The report has two main parts. The first consists of a forty-six page letter of transmittal signed by the eight members of the Committee and the second part is made up of some 275 pages of numerous papers and reports prepared for the Committee by various experts.

The letter of transmittal sets the tone and expresses the philosophy of the report. To the author-legislators the subjects of their study are "the elderly", "the more mature" or "the aging", rather than "old people", "pensioners" or "the aged". They say: "The 'problems of old age' narrow themselves down to a problem of human conservation. We have spent millions to save our soils from the withering effects of wind, rain, and neglect. We have spent comparatively little to save our elderly from the withering effects of unemployment, uselessness, illness, and neglect. . . . Our Committee visualizes its work as a human reclamation project of untold possibilities for bettering the lives of millions of people".

The Committee states it is impressed with the need for first establishing a broad public policy





*National Film Board Photo*

which will define government's obligation to the elderly. Only in this way, it says, can the objectives of an old-age program be correctly charted and a policy of action prescribed. In its own words, "... what we need is a broad policy for the aged and aging, not a program or a series of programs; but rather a statement of the conditions by which we are going to go forward, the basic criteria that should enter into legislation and administrative regulations". To this reviewer, this statement is one of the most significant and perhaps the most important in the report. Those of us who are actively interested in Canadian welfare might well ponder it.

After careful study, the Committee found that the wants of the elderly, as expressed by themselves, were closely parallel to their

needs, which are summarized as follows:

1. An opportunity to be useful.
2. An opportunity to earn.
3. An opportunity to obtain decent shelter.
4. Adequate social security and assistance grants.
5. A chance to be free human beings living with dignity and respect.
6. A chance to obtain up-to-date medical and psychiatric advice and care to prolong their vigour as well as their lives.
7. A chance to obtain psychological guidance in work, recreation, and living in general.
8. Adequate institutional care, free of prison atmosphere.
9. Housekeeping and nursing service whenever reasonably possible.
10. A chance to obtain companionship and take part in community leisure-time activities.

Old age insurance and old age

assistance are treated only briefly as the Committee says it decided it could serve elderly people best by emphasizing "the core problem of health and employment". It refers to old age insurance as "one of the major social advances in our time", but lists three main weaknesses in the present United States law: it fails to cover 23,000,000 workers; it fails to encourage old timers to continue work by permitting pension payments to accumulate during periods of employment past retirement age; and it bans any recipient of old age insurance from earning more than \$14.99 a month from any employer covered by the Social Security Law. The monthly insurance payments to recipients average \$24.59 for men and \$13.05 for women. Recipients of old age assistance in New York State in September, 1947, received an average monthly payment of \$48.05 (including all hospital costs) as compared with the average of \$35.44 in February, 1947, for the United States as a whole.

The second main part of the report, consisting of 31 papers contributed by experts in their several fields, deals with almost every phase of the subject of the aged one could imagine. For instance, Senator Desmond writes "Food Can Keep You Young"; Harry Levine, "Recreational Needs of the Elderly"; Miss Gladys Fisher, "The State's Social Services to its Old Folks"; Dr. R. J. Pulling, "Education for the Elderly"; R. L. Gillett and Elizabeth Christenson,

"Agriculture and the Elderly"; and Dr. Chester Pond even writes on "Taxation of the Elderly".

Carrying out the plan of the Committee to emphasize the industrial problems of the elderly, Albert J. Abrams gives an interesting and thought-provoking paper of some 20 pages on "Industry Views its Elderly"; Dr. Theodore Klumpp deals with "Employment of our Elderly", and Allen Daggett writes on the subject "Forty Plus Clubs Fight Prejudice".

Another "core problem" which receives extensive treatment in the report is health. Dr. Joseph De Porte writes on "Trends in the Health Status of our Elderly" and Dr. Edward J. Stieglitz on "Aging To-day and To-morrow". In addition there are no less than four separate papers on geriatrics. The Committee ponders the question "What kills our elderly?" and says: "It is of utmost importance that the legislature grant a modest appropriation to the State Health Department to set up a Division of Adult Hygiene and Geriatrics".

Equally well treated, if not quite so extensively, are the subjects of housing and recreation.

Who are the elderly? How many do we have? What will the impact of their increase in numbers be? These are but a few of the questions asked and answered in a manner that will be found interesting and satisfying.

There is a good index and a very useful appendix. The latter is unusually interesting in that it

contains three draft bills. One is "To amend the public health law, in relation to the establishment of a mobile laboratory on geriatrics, and making appropriation therefor". Another is for "Making an appropriation to the state department of health for the purpose of initiating and developing an adult hygiene and geriatric program", and the third is "To amend the labour law, in relation to creating a council on employment of aging and elderly workers, defining its powers and duties and making an appropriation therefor".

If you are interested in almost any phase of the subject of the aged you will want to read this

report. Though there is some repetition in it and its general organization and style leave something to be desired, it offers a wealth of valuable data. It is challenging, and it is interesting throughout. If, however, you have looked forward to a long life of ease and delightful sleeps into the late mornings after an early retirement from active life, you will be saddened, for the experts tell us that, to continue living, one must continue to work, or at least to be active; above all one must not take to bed too readily. Indeed, there is even a penalty for obeying these rules—for one may as a result live to work for a hundred to a hundred and fifty years!

## ABOUT



## PEOPLE

Mrs. D. B. Sinclair, Executive Assistant to Dr. G. F. Davidson, Deputy Minister of Welfare, has been re-elected by acclamation as program chairman of the International Children's Emergency Fund.

Mrs. Rae Gordon, at one time worker in charge of the Vancouver General Hospital Social Service Department, and more recently with the Red Cross Blood Donor Clinic in Vancouver, has been appointed Executive Director of Greater Vancouver Citizens' Volunteer Bureau.

Jack Trainor, formerly Supervisor, Social Service Division of the Charlottetown office of DVA, has been ap-

pointed Chief Welfare Officer for the Prince Edward Island Department of Health and Welfare.

Molly Christie, for some years Supervisor, Protection Department, Toronto Children's Aid Society, has joined the staff of the National Y.W.C.A. and will be working in DP Camps in Europe, with those displaced persons and their families who are planning to come to Canada.

Mary Ross Barker, for the past four years director of physical education for women at the University of Western Ontario, has accepted a position with the National Y.W.C.A. Program Department, taking special responsibility

for health education.

Ernest Majury has become Field Supervisor of the Children's Aid Society Branch, Ontario Department of Public Welfare, following six years as Superintendent of the Nipissing District Children's Aid Society.

Jack Finlay leaves the Simcoe County Children's Aid Society to become Superintendent of Lincoln County Children's Aid Society.

The appointment is announced of Hugh H. Harvey as Public Relations Secretary of the Community Chest and Council of Greater Vancouver, succeeding Mrs. Sallie D. Phillips who resigned last fall. Mr. Harvey has had wide experience in promotion and community activities.

Added to the staff of the Family Welfare Department of the Baron de Hirsch Institute and the Jewish Child Welfare Bureau of Montreal are Mrs. Jean Henshaw, Mrs. Thelma John, Malca Friedman, Minda Posen and

Greta Fischer.

Dr. Fletcher Peacock, Director and Chief Superintendent of the New Brunswick Department of Education, died recently. Dr. Peacock will be remembered as a pioneer of the "lighted school house" movement, and has been responsible for the building and staffing of schools designed for maximum community usefulness.

E. L. Murchison has been appointed Superintendent of the Boys Industrial School at East Saint John, N.B. He was formerly farm instructor at the School and succeeds E. M. Lyons, who died last month.

Wilfrid M. Calnan has joined the staff of the Family Service of Houston, Texas.

Dr. Kenneth H. Rogers, formerly Executive Secretary of the Toronto Big Brother Movement, has joined the Ontario Society for Crippled Children as Assistant to the Executive Director.

The Province of Manitoba requires

## MEDICAL SOCIAL WORKER

for Bureau of Venereal Disease Control

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# ACROSS CANADA



## Health Grants

News from the provinces about expenditure of the national health grants, indicates that a wide range of activities are already under way. From Alberta, there is word of \$125,000 federal money being matched by the province to assist cancer projects already under way. Manitoba plans additional medical and occupational training equipment for the Selkirk Hospital for Mental Diseases and the Manitoba School for Mental Defectives, costs of which will be met out of Manitoba's share in the Federal Government's grant for the improvement of mental health services as well as a child guidance clinic to serve suburban Winnipeg. Vancouver has a nutritionist away for special training, and two doctors getting their Public Health degrees under the schemes made possible by the federal health grants. Aid for crippled children in the form of increased medical services is being planned by Ontario, and will be financed from the health grants. This will extend a service formerly carried out sporadically by the Ontario Society for Crippled Children. The new Sudbury General Hospital is the first Ontario hospital to have its application approved for assistance under the Federal Government's hospital building program. Half a million dollars is also being made available by the Federal Government to the provinces to assist them in extending their present efforts to control venereal disease. There is also word of three projects in public health research which have been approved by the federal government, and which are getting under way in

Ontario and Manitoba. These are, research into the spread and control of infantile paralysis, studies of methods of obtaining information on illness in a community, and ways of reducing infant and maternal deaths.

**Immigration** During 1948, a total of 125,414 immigrants entered Canada, of whom 46,057 came from the British Isles and 7,381 from the United States. Immigrants from northern European races numbered 16,957, including 10,169 Dutch. Other races contributed 55,019 new Canadians, the largest individual groups being 13,799 Poles and 10,011 Ukrainians. Ontario received 61,121; Quebec 24,687; British Columbia 11,918; Alberta 9,715; Manitoba 7,750; Saskatchewan 5,087; Nova Scotia 2,813; New Brunswick 1,476; P.E.I. 269; Yukon Territory 64 and the Northwest Territory 14.

According to the Minister of Labour, Mr. Mitchell, about 14,000 adult immigrants are attending 650 classes across Canada under the supervision of provincial and local educational authorities, with language difficulties, of course, receiving top priority.

Top news in the field of voluntary activity for immigrants, is the formation of a provisional committee of the Montreal Council of Social Agencies, which is at work on the organization of a Council for New Immigrants for the Greater Montreal area. Its membership will consist of all organizations having a functional interest in the welfare of immigrants. The need for the Council is felt by all sections of the



community for the good reason that health and welfare organizations are already faced with major problems resulting from the developing immigration movement, which can only be resolved by co-operative action. The new Council, when organized, will set up technical committees dealing with various aspects of the movement. It is hoped that the new Council will become a self-sustaining body before long, independent of the Montreal Council of Social Agencies, but with liaison relations.

Indicative of the general interest in this subject is a report from the Family Division of the Hamilton Council of Social Agencies, showing that meetings are being held with representatives of the National Employment Service, Community Programs Branch of the Department of Education, Red Cross, National Unity Council, churches, and local social agencies, with a view to co-ordinating activities for new Canadians.

#### **Rehabilitation of the Handicapped**

Vancouver scores a "first" with the opening by the Western Society for Physical Rehabilitation, of its new Rehabilitation Centre, the first of its kind in Canada. It will be operated as a school for the physical rehabilitation of the orthopaedically disabled, including paraplegics, polios with permanent paralysis, cerebral palsy (spastics) and kindred cases. Its services will be available only to the disabled individual who, in the opinion of the attending physician and the Medical Director of the Centre, would benefit from this training. Those accepted will be given training for a period of three months, renewable upon the decision of the Medical Director.

The planning and construction of this Centre have been patterned after

the Baruch Committee on Physical Medicine, and the experience of the four rehabilitation centres in Canada operated by the Department of Veteran's Affairs, and has been designed throughout for the convenience of the "disabled" student. All entrances are on the street level, doors and hallways are wide enough to allow ample room for wheel chair traffic, and bedrooms and bathrooms for those in residence are specially designed and equipped. The gymnasium is large and a brace shop is included. Future plans include a swimming pool, and adequate vocational training facilities. The manager is himself a paraplegic. Over twenty day and resident pupils are enrolled. The \$200,000 required to build the Centre has been raised by the Society since its incorporation in 1947.

The Montreal Council of Social Agencies reports a survey of community facilities for the handicapped to be carried out by Mrs. R. W. Summey, former Executive Director of The Bridgeport Rehabilitation Centre, Inc. Measures for the development of a comprehensive rehabilitation program in terms of long range planning are expected from the survey.

#### **Health Surveys**

A province-wide survey of health services, conditions and requirements for New Brunswick is being undertaken as part of a master plan to raise health standards to higher levels. An executive committee has been set up and the survey is expected to take from a year to eighteen months to complete, and will provide the groundwork for effective use of Dominion health grants. Also undertaking a Health Survey under the federal health grant is Nova Scotia, which has appointed Dr. C. B. Stewart, professor of Epidemiology at Dalhousie University and Chairman of the

Health Division of the Halifax Council of Social Agencies, as Director.

**Adult Probation Services in Saskatchewan**

Designed to aid in rehabilitation of offenders who come before the courts, an adult probation division has been set up under the Department of Social Welfare Corrections Branch. While section 1081 of the Canadian Criminal Code provides that the courts may place a defendant on probation to any officer the court may designate, Saskatchewan and British Columbia are the only two provinces which have an adult probation service. It will provide information to the courts in regard to the offender's background and available jobs. If the court sees fit, the man is then placed under the supervision of a probation officer who attempts to rehabilitate him.

Chief Probation and parole officer is J. R. Mather, formerly superintendent of the Boys' Industrial School at Regina. Previously there were only junior probation officers in Saskatchewan, whose efforts however, were thought to be responsible for the steady decrease in juvenile delinquency since 1945 when the juvenile probation scheme was established.

**Community Centres**

Three communities in Vancouver have approved by-laws which will add three more community centres to Vancouver's recreational facilities. Kerrisdale, Marpole and South Hill gave the green light to the tax collectors to add on another fifty cents to every \$100 of tax revenue, raised through property taxation. These by-laws will remain in effect until the capital cost of the buildings, estimated at \$647,000, has been liquidated, which will probably take 20 years.

**Community Garden League**

The Certificate of the National Garden Institute has been awarded to the Community Garden League of Greater Montreal for outstanding service and leadership in the field of community gardening.

**Baron de Hirsch Institute**

Two developments are announced by the Family Welfare Department of the Baron de Hirsch Institute. One is the appointment of a medical social worker, Dr. Charlotte Lissauer, to improve its admission service to the Montreal Hebrew Old People's Home and the Mount Sinai Sanatorium. This medical social service program is expected to carry responsibility for co-ordinating the agency's own resources and those in the community, particularly in regard to the rehabilitation of arrested tuberculosis cases. The second development is the placement of the agency's Homemaker Service on a permanent basis, after three years demonstration with funds provided by the Jewish Junior Welfare League of Montreal. Hilda Richman will supervise this service.

**Extension Courses**

Weekend Workshops to Ontario Communities are being made available on a wide variety of subjects such as social and economic security, community planning, the needs of the aged, recreation, administration, delinquency, etc., through the School of Social Work in co-operation with the Department of University Extension of the University of Toronto.

**Holidays with a Purpose**

The Girls' Counselling Centre Inc. of Montreal appears to be making a useful contribution to holiday facilities for teen-aged and employable girls with their Holiday House, situated in the Laurentians and opened for the first time in the summer of 1948. The

103 girls who holidayed during the summer ranged in age from 14-18, and contributed financially according to their ability to pay. The reasons for referrals were — Holiday only 25%, placement because of broken homes or no home 33%, work problems 14%, behaviour problems 28%. Among the group benefitting were some referred by hospitals including the Neurological Institute.

**New Quarters** The Bureau d'Assistance Sociale aux Familles of Montreal is on the move in more ways than one. It announces new office space at 634 St. Jacques St. W., and also the opening of its first district office to carry family cases only under the direction of Miss J. Doray. A second district office will be opened as soon as space is available.

**A New Name** The Child Welfare Association of Montreal will henceforth be known as The Child

Health Association. The primary object of the Association is to promote physical and mental health, happiness and efficiency, through education, and the transmission to families of the knowledge of the methods of preventing disease and promoting health which can be applied in their own homes.

**New Developments at Laval** The Board of the Laval University has recently approved the creation of a Superior Institute of Physical Education and Recreation to be opened in September 1949. The new Institute will be under the joint sponsorship of the Faculty of Medicine, the Faculty of Social Science and the School of Pedagogy. It will also require the co-operation of physical education specialists and its main purpose is to contribute to the training of such people.

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## Nora-Frances Henderson

Miss Nora-Frances Henderson, Executive Secretary of the Ontario Association of Children's Aid Societies passed away at Hamilton on March 22nd. Miss Henderson was probably best known as Hamilton's first woman alderman and as the first woman member of a Board of Control in Canada. After 16 years in municipal politics, Miss Henderson retired from this field to become Executive Secretary of the Ontario Association of Children's Aid Societies in January, 1948.

Miss Henderson had been active in many of the social agencies in Hamilton and as an alderman and controller made an outstanding contribution to the development of improved public welfare services in her community.

To the Ontario Association of Children's Aid Societies, Miss Henderson brought much executive and organization ability, personal magnetism, and a genuine desire to promote the well being of Ontario children through the Ontario Children's Aid Societies. Her convictions were strong, her opinions forthright and she was a staunch fighter for the cause in which she believed.

In her untimely death, the Canadian Welfare Council has lost a valued member of its Board of Governors, the Association of Children's Aid, its dynamic leader and Canada as a whole, a public spirited citizen. *WELFARE* extends its sympathy to members of her family.

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# BOOK



# REVIEWS

**ANNUAL REPORT OF THE COMMISSIONER OF PENITENTIARIES.** King's Printer, Ottawa. 1949. 131 pp. Price 25c.

Hiding modestly between the sober blue covers favoured by the King's Printer is evidence of a "new deal" for the inmates of Canadian Penitentiaries. The first annual report of the present Commissioner, General Gibson, only covers the period to March 31, 1948, and this inevitable time-lag means that a number of the new developments to which he refers, have now passed into history. For example there have been two improvements in the salary pattern since last March, as part of the effort to hold and attract the kind of staff who are capable of making an effective contribution to the educative and rehabilitative functions which General Gibson believes the penal institutions to have. *WELFARE* has carried news of the appointment of classification officers, school teachers, and training courses for penitentiary officers as these have occurred, but it is impressive to see these changes as they fit into the overall pattern visualized by the Commissioner and his Headquarters staff.

There is food for thought in the statistics which are included in the report. Those interested in young people will not be happy to learn that 22 per cent of the total

prison population were under 25 years of age and that 12 per cent were under 21 years, or that 301 convicts in this age group were admitted during the last fiscal year, even though this figure is lower than it was in the two previous years. The figures on recidivism suggest that a great deal remains to be done in Canada about the way we handle the potential or the actual offender, for the percentage of recidivism (based on all previous convictions of any nature whether served in a penitentiary or not) is 78.31 for the year 1947-48, an increase of 1.02 over the figure for 1946-47. Considering previous penitentiary sentences 45 per cent of the population of the penitentiaries on March 31, 1948, were in this group.

This report should be ordered by everyone interested in penal reform. General Gibson and his colleagues know that there is many years work ahead of them, and a great deal to do before their "new deal" is an accomplished fact. They want the informed interest and support of the Canadian people if they are to carry out the job they see ahead of them, and we would like to suggest a careful reading of this annual report as an essential step in developing the kind of backing which they should have.

K. M. JACKSON,  
*Secretary, Crime and Delinquency Division,  
Canadian Welfare Council.*

**TRANSFERENCE IN CASEWORK**, by Sterba, Lyndon, and Katz. Family Service Association of America, New York. 1948. 51 pp. Price 75 cents.

This monograph on the transference in case work is a successful combination of three separate papers which were planned as a unit. A psychoanalyst, Dr. Richard Sterba, states the dynamics of the transference; a school of social work teacher, Benjamin H. Lyndon, shows its development and use in case work, and Anna Katz, a case work practitioner, gives an analysis of the way it is used in one selected case. The method of presentation is excellent as it illustrates a way in which psychoanalytic theory may be applied to case work. The goal of these three papers is reached when Miss Katz gives evidence that the resource material provided by the psychoanalyst and adapted to case work by the teacher, may be used by the caseworker in the diagnosis and treatment of the social agency client.

Dr. Sterba's paper is directed toward the case worker gain skill in the understanding and management of the transference and counter-transference. His article bears out the statement in the introduction that "his whole-hearted encouragement to his case work colleagues and his firm belief in their ability to undertake psychological treatment are implicit in his presentation and are reflected in the other two papers". The phenomena of transferences confronts the social worker in varying degrees in all aspects of case work. Dr. Sterba writes, "Even in the simple non-therapeutic worker-client relationships transferences are inevitable and must be both recognized and controlled. There is no doubt that persons with a natural gift for handling people have a knack of using and managing transferences for these pur-

poses. But even such people will profit greatly if they become aware of what they are doing. In this instance one may say that knowledge of the transferences makes the difference between conscious control of the worker-client situation and merely intuitive procedures". Dr. Sterba's contribution is so valuable that it should really be studied by all social workers.

Mr. Lyndon traces the way in which caseworkers from the beginning of their professional development use the concept of relationship. He defines clearly the concepts used and points the way for integrating psychoanalytic principles into case work. The purpose of this monograph has been to examine the transference phenomenon, to understand its diagnostic value, to understand it as a medium through which the client may be helped to gain insight and thus achieve a more satisfactory level of adjustment.

Mr. Lyndon states in conclusion: "The case work relationship, which is the basis of treatment, is a broad concept encompassing the reactions of the two persons engaged in the process. There are two major aspects to this professional relationship. One of these is the reality aspect, which is made up of the reactions the client has in the relationship to real factors in the present: the other, the transference aspect, as related to feelings about some important person in the client's past which are transferred onto the case worker in the current treatment relationship".

After discussing relationship and transference, the way it may be used in diagnosis and in treatment is clearly illustrated. Attention is given to counter transference and the importance of the worker's understanding when it is in operation. The case study presented by Miss Katz has been



limited, as she states, "as much as possible to the elements in the material and treatment which are related to the transference phenomenon".

This pamphlet is a welcome addition to the small amount of material which our profession has produced on the important topic of transference.

BARBARA E. JUDKINS,  
*Faculty, McGill University School of Social Work.*

**PLANNING YOUR EXHIBIT**, by Janet Lane and Beatrice K. Tolleris. National Publicity Council, New York, 1948. Price \$1.00.

*Planning Your Exhibit* sets out to save time, money and waste motion for the educators and public relations people who plan to use store windows, booths, waiting rooms or meeting rooms as part of their information programs.

This lively how-to-do-it analyses such display techniques as the use of photographs, live demonstrations, objects, audience participation devices, etc. It hits hard at basic principles, emphasizing clarity, simplicity, the use of strong lines, bright colours and the fewest possible elements.

Professional tips on how to meet competition from other windows or booths, with mechanical factors to consider (space, electric outlets, fire regulations, etc.) and which display materials lend themselves best to which

purposes, make this manual as practical as it is stimulating.

**MARGARET SCOTT—A TRIBUTE**, by Helena Macvicar. Winnipeg Foundation. 1948. 27 pp. Price 50c.

Old time residents of Winnipeg, and those interested in the development of public health nursing services, will want to own this story of Margaret Scott and her work. Brought up in the tradition of service to the underprivileged, and widowed at the age of twenty-five, it was natural that Mrs. Scott would travel along the road of voluntary service, to a venture of faith which began in the year 1886 and continued for forty-five years.

As Winnipeg's first voluntary social worker, she laid good foundations for the work of today, and in so doing endeared herself to the sick and the poor. This memorial to her is on sale at the book departments of both the Hudson's Bay Co. and the T. Eaton Co. in Winnipeg and proceeds go to the Margaret Scott Nursing Mission Scholarship Fund which is administered by the Winnipeg Foundation.

K. M. JACKSON.

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## LINWELL HALL

THE first building of its kind in Canada to be constructed expressly for the residence, recreation and rehabilitation of the blind is to be known as *Linwell Hall* because it serves the blind of Lincoln, Welland and Haldimand counties and represents the joint efforts of the Canadian National Institute for the Blind's Advisory Boards in these three Ontario counties, assisted by the Lions Club and other groups. Linwell Hall is a modern, fireproof, two-story structure with a capacity of 30 residents. Its many features for training, safety and enjoyment are being studied by CNIB Boards across the Dominion.





## RECENT ADDITIONS TO THE COUNCIL LIBRARY

*Voluntary Action.* A Report on Methods of Social Advance, by Lord Beveridge, London. George Allen & Unwin Ltd., 1948. 420 pp. 16 shillings.

The first two sections of this book are primarily historical accounts of the growth of the English Friendly Societies and voluntary social services. The last two sections are probably the most provocative: "The Needs that Remain in a Social Service State," and "Conclusion and Recommendations." In his conclusion, Lord Beveridge holds that the State should encourage voluntary action for social advance. Such support, he says, "is one of the marks of a free society."

*Houses for Canadians.* by Humphrey Carver. University of Toronto Press, Toronto, 1948. 156 pp. \$2.50.

Mr. Carver is Supervisor of Research for Central Mortgage and Housing Corporation. His book arises out of a three-year study of Toronto's housing situation and contains a detailed chapter on housing costs, some specially prepared tables, and a thoughtful linking of the housing problem to the community as a whole.

*Report on Venereal Disease Control in Toronto*, prepared by Division on Health, Welfare Council of Toronto, 1948. 22 pp.

A study of the incidence and causes of venereal disease in Toronto, with recommendations for measures to combat it. The research was broken into four sections: medical aspects, legal

aspects, welfare aspects, moral and educational aspects. A broad committee, including representatives from medicine, law, the public health department and public and private social work, conducted the study.

*Psychological Development of Children*, by Irene M. Josselyn, M.D. Family Service Association of America, New York. 1948. 134 pp. \$1.75.

Dr. Josselyn is a psychiatrist and psychoanalyst. Her book traces the psychological growth of the child from the prenatal state to adolescence and at all times relates psychological factors to social development. Language is not excessively technical.

*Suggested Standards for Homes for the Aged* (Sixth Edition). Welfare Council of New York City, 1948. 24 pp. 50 cents.

This pamphlet presents standards for the location, planning, and furnishing of homes for the aged and for the recreation and medical care of old people. It also outlines standards of administration for homes.

*The Art of Conference* (Revised Edition), by Frank Walser. Harper & Brothers, New York, 1948. 206 pp. \$3.75.

Emphasis in this book is on principles of successful method rather than on elementary procedure. A particularly valuable feature is the insight into the problems of attitudes and personality conflicts that balk successful conference progress.

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### FIFTH CANADIAN PENAL CONGRESS

The Canadian Penal Association announces the fifth Canadian Penal Congress at the Hotel La Salle, Kingston, on June 20, 21 and 22, 1949. Program will be announced later.

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**TWENTY-NINTH ANNUAL MEETING**  
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Social Welfare Administrator, England,  
Vice-Chairman of the National Old  
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